

		·		Date:	
Personal Info	ormation				
Name: ———			Mobile	Student ID	
Father's Name:-					
Address (present) —			Phone	Program	
			E-mail	SESSION Morning	
			_	Replica	
(including all family Reason to Claim	·	:		Weekend	
If any Scholarsh	ip already avail	ed, give details:			
Scholarship	Categories	Merit Based Kinship	Reference Base	ed Need Based	
• In Case of:					
• Kinship	Name of TIME	ES Student:		Student ID:	
Relationship Relationship with Student Brother Sister Blood Relation					
<ul> <li>Reference</li> </ul>	Govt. Employ	/ee 🔲 Teacher 🔲 Univ	versity Employee	Any Other	
	Name: Designation:				
			_	ddress:	
	•	e (Office): Mobile: Relation with Student:			
<ul> <li>No application</li> <li>75% attenda enjoying scho</li> <li>All remaining charged with</li> </ul>	rs given above are n for the fee Scho nce and 3.0 CGF plarship. dues shall be s fine.		received after the due date mester examination are the d by the University authori	ne basic requirements to continue ties, failing which full dues shall be	
NOTE: Evaluatio	n shall be made a	at the end of every academic year	for the continuity of schola	rship.	
•			— Father/Guardian's Signature:————		
		FOR OFFICE U			
Tuition Fee: S		— Scholarship Allowed: —	Scholarship Allowed: No. or		
Remarks:					
				POSTING STATUS	
Recommended By		Approved By	Date:		