GOVERNMENT OF TRIPURA DIRECTORATE OF HIGHER EDUCATION

APPLICATION FORM FOR TRIPURA GOVERNMENT MERIT-CUM-MEANS SCHOLARSHIPS. (FRESH)

1.		e in full ock Letters)	
2.	Place	& date of birth	
3.	Scheo (if so, S. D Office Muni	her he/she belongs to Scheduled Caste/duled Tribe/other Backward Classes, a Certificate from Magistrate or the Co./M. L. A./M. P./any Gazetted er/Commissioner of the Agartala cipality/Member of A. D. C./Member A. C. is to be furnished).	
4.	Natio	nality	
i.		tested copy of the Nationality Certificat be furnished.	e e
ii.	S.D.O of th A.D.O conce	tificate from M. P./M.L.A./Magistrate/ D./any Gazetted Officer/Commissioner e Agartala Municipality/Member of C./Member of N.A.C. of his/her area erned is to be furnished to the effect ne/she is a permanent resident of Tripura	
5.	Full a	address.	
a)	Prese	nt	
b)	Perm	anent	
6.	a)	Father's Name in full	
	b)	Nationality	
	c)	Occupation	
	d)	Address (if dead please state the last a and occupation before death).	address
	i)	Present:	
	ii)	Permanent:	
	iii)	Telephone No./Mobile No	

(A certificate from S. D. O. or M. L. A./M. P./any Gazetted Officer/Commissioner of the Agartala Municipality/Member of A. D. C. /Member of N. A. C. of his/her area concerned to the effect that the parents resident of Tripura is to be submitted).

- Give full name, occupation and completed postal address of your guardian
- 8. Total monthly income from all sources of parents/guardian

(A certificate from an income Tax Officer/Revenue Officer or any Gazetted Officer/M. L. A./M. P./ Commissioner of the Agartala Municipality/Member of A. D. C./Member of N. A. C. is to be furnished).

(Not applicable for post-Graduate studies)

9. Particulars School/College/University etc. where your studies (any break in the Education career should be indicated in the marks Column).

Name of School/College	Date of entering	Date of leaving	Year	REMARKS
			7	
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10. Particulars of all Examination passed commencing with Matriculation or equivalent Examination (attested copies of mark sheets should be attached)

Name of Examination	University/Board	Year of Passing	Roll No.	Class or Division with Percentage of marks	Subjects taken

If any examination was not passed at first attempt the fact should clearly stated.

11.	(a)	Names and address of the Institution	
		where admission has been secured	

- (b) Date of commencement of session
- (c) Date of Admission
- (d) No. of years required for the completion of the course
- (e) Course and Subjects taken
- (f) Year in which the final Examination :- on completion of the full course will be held

12. If the applicant is in-receipt of any other :scholarships or financial assistance from State Govt./Univercity or any other Institution or person, full particulars should be given including the monthly rate and date of award etc.

- 13. If the applicant is residing in the approved Hostel of the Institution
 - (a) Date of addmission in the Hostel (A Copy of the certificate of the Hostel Superintendent should be furnished):-

14.	List of documents attached -	
(a)	(b)	
(c)	(d)	
	I hereby declare that the statements made by me in ledge and belief. I further agree to abide by the term ds applied for.	n this application form are true to the best of my s and conditions of the award if I am selected for
Place :	: -	(Signature)
Date :	t 	
16.	(TO BE FILLED IN BY THE HEAD OF THE IN	STITUTION)
(1)	Designation and full postal address of the authority/Head of the Institution to which the shcolarship amount etc. will be send for disbursement to the applicant. Postal Pin No	
(ii)	Name of the nearest branch of the State Bank of India or the Govt. Treasury through which the payment of scholarship is desired. S. B. I. Code No.	
(iii)	Certified that Shri/Smtwas admitted into my Institution (Name)	on.
X		
Place	e :	Signature of the Head of the Institution.

Date :--