

GOVERNMENT OF TRIPURA
DIRECTORATE OF HIGHER EDUCATION
APPLICATION FORM FOR TRIPURA GOVERNMENT MERIT-CUM-MEANS
SCHOLARSHIPS. (FRESH)

1. Name in full :-
(in Block Letters)
2. Place & date of birth :-
3. Whether he/she belongs to Scheduled Caste/ :-
Scheduled Tribe/other Backward Classes
(if so, a Certificate from Magistrate or the
S. D. O./M. L. A./M. P./any Gazetted
Officer/Commissioner of the Agartala
Municipality/Member of A. D. C./Member
of N. A. C. is to be furnished).
4. Nationality :-
- i. An attested copy of the Nationality Certificate
is to be furnished.
- ii. A certificate from M. P./M. L. A./Magistrate/
S. D. O./any Gazetted Officer/Commissioner
of the Agartala Municipality/Member of
A. D. C./Member of N. A. C. of his/her area
concerned is to be furnished to the effect
that he/she is a permanent resident of Tripura.
5. Full address.
 - a) Present.....
 - b) Permanent.....
6.
 - a) Father's Name in full.....
 - b) Nationality.....
 - c) Occupation.....
 - d) Address (if dead please state the last address.....
and occupation before death).
 - 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).

7. 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)

INCOME AFFIDAVIT (Not applicable for Post-Graduate studies)

I, Father/Mother..... a candidate for a stipend of the Government of Tripura, declare that my total income including income of my wife & son/ward in the preceding year ending on 31st March, 200..... was Rs.

Place :

Date : Signature.....

To be signed in presence of a 1st Class Magistrate who would also fixed His/Her signature.

Place :

Date : Signature.....

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

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 admission in the Hostel (A Copy of the certificate of the Hostel Superintendent should be furnished) :-

14. List of documents attached

:-

- (a) (b)
- (c) (d)

15. I hereby declare that the statements made by me in this application form are true to the best of my knowledge and belief. I further agree to abide by the terms and conditions of the award if I am selected for stipends applied for.

Place :--

(Signature)

Date :--

16. (TO BE FILLED IN BY THE HEAD OF THE INSTITUTION)

(1) Designation and full postal address of the authority/Head of the Institution to which the scholarship 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/Smt..... was admitted into my Institution (Name)..... as a regular full time student in Class..... ON..... during the session commenced from.....

Place :--

Signature of the Head of the Institution.

Date :--