

**RGUHS SCHOLARSHIP APPLICATION FORM
2019-2020**

Faculty: Medical

Sl No	Candidate Name	Appl No	College Name
1.	VIBHA B	107	A J INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE MANGALURU
2.	SHRIDEVI	92	GULBARGA INSTITUTE OF MEDICAL SCIENCES KALABURGI
3.	DEEPTHI D SOUZA	100	A J INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE MANGALURU
4.	BHAVANA V	183	K V G MEDICAL COLLEGE & HOSPITAL SULLIA
5.	CHIRANJEEVI D M	97	GULBARGA INSTITUTE OF MEDICAL SCIENCES KALABURGI

Faculty: Dental

Sl No	Candidate Name	Appl No	College Name
1.	MAHALAKSHMI M S	166	KRISHNADEVARAYA COLLEGE OF DENTAL SCIENCES & HOSPITAL BANGALORE
2.	CHANDANA R	22	AECS MAARUTI COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE BANGALORE
3.	KEERTHI S	171	KRISHNADEVARAYA COLLEGE OF DENTAL SCIENCES & HOSPITAL BANGALORE
4.	AISHWARYA	192	S NIJALINGAPPA INSTITUTE OF DENTAL SCIENCES & RESEARCH KALABURGI
5.	LAVANYA A	118	KRISHNADEVARAYA COLLEGE OF DENTAL SCIENCES & HOSPITAL BANGALORE

Faculty: Ayurveda

Sl No	Candidate Name	Appl No	College Names
1.	SRIKANT	177	N K JABSHETTY AYURVEDIC MEDICAL COLLEGE & PG CENTRE BIDAR
2.	RUTUJA MOTHE	10	B V V S AYURVED MEDICAL COLLEGE & HOSPITAL BAGALKOT
3.	GIRISH MALIKARJUNA PALLEDA	8	B V V S AYURVED MEDICAL COLLEGE & HOSPITAL BAGALKOT
4.	VANAYKUMAR	43	GRAMEEN AYURVEDIC MEDICAL COLLEGE, BAGALKOT
5.	SINCHANA H B	5	GRAMEEN AYURVEDIC MEDICAL COLLEGE, BAGALKOT

Faculty: Homeopathy

Sl No	Candidate Name	Appl No	College Names
1.	SPOORTHI M	47	ALVA'S HOMOEOPATHIC MEDICAL COLLEGE, MANGALORE
2.	SANTOSH KIRAGI	44	ALVA'S HOMOEOPATHIC MEDICAL COLLEGE, MANGALORE

Faculty: BNYS

Sl No	Candidate Name	Appl No	College Names
1.	ABHISHEK P BHAT	45	SHARADA YOGA AND NATUROPATHY MEDICAL COLLEGE MANGALORE

Faculty: BPT

Sl No	Candidate Name	Appl No	College Names
1.	GAGAN U SHANKAR	88	CAUVERY COLLEGE OF PHYSIOTHERAPY MYSORE
2.	MOHITHA PARLA	99	K V G INSTITUTE OF PHYSIOTHERAPY SULLIA
3.	TALIYA MAQTASAR	101	SANJAY GANDHI INSTITUTE OF TRAUMA AND ORTHOPAEDICS
4.	NANDINI A M	130	SANJAY GANDHI INSTITUTE OF TRAUMA AND ORTHOPAEDICS
5.	SRIKANTH S GOWDA	181	SANJAY GANDHI INSTITUTE OF TRAUMA AND ORTHOPAEDICS

Faculty:B. Pharmacy

Sl No	Candidate Name	Appl No	College Names
1.	AISHWARYA R KURDEKAR	75	BAPUJI PHARMACY COLLEGE DAVANAGERE
2.	SRIVALI POLICE PATIL	78	BAPUJI PHARMACY COLLEGE DAVANAGERE
3.	SUJATHA	46	B V V S HANAGAL SHRI KUMARESHWAR COLLEGE OF PHARMACY ,BAGALKOT

Faculty:Pharma.D

Sl No	Candidate Name	Appl No	College Names
1.	KAVANA B K	66	B V V S HANAGAL SHRI KUMARESHWAR COLLEGE OF PHARMACY ,BAGALKOT
2.	MOHAN MANDEWALI	64	B L D E ASSOCIATIONS COLLEGE OF PHARMACY BIJAPUR

Faculty: B.Sc Nursing

Sl No	Candidate Name	Appl No	College Names
1.	REVANASIDDA GIRISAGAR	88	B L D E A SHRI B M PATIL INSTITUTE OF NURSING SCIENCES VIJAYAPURA
2.	TENSITA MARINA JOSEPH	173	KIDWAI CANCER INSTITUTE BANGALORE
3.	KAVYA KAMANAKERI	102	B L D E A SHRI B M PATIL INSTITUTE OF NURSING SCIENCES VIJAYAPURA
4.	SURAKSHA H C	174	KIDWAI CANCER INSTITUTE BANGALORE
5.	AVINASH BASAPPA HOKRANI	35	SAJJALASHREE INSTITUTE OF NURSING SCIENCE, BAGALKOT
6.	VATSALYA G UPPAR	76	K L E S INSTITUTE OF NURSING SCIENCES HUBLI
7.	PRATHIBTA K S	175	KIDWAI CANCER INSTITUTE BANGALORE
8.	ARUN M NAGAYYAHAVAR	27	SAJALASHREE INSTITUTE OF NURSING SCIENCES BAGALKOT
9.	NETRAVATI	24	SAJALASHREE INSTITUTE OF NURSING SCIENCES BAGALKOT
10.	USHA C	202	IKON NURSING COLLEGE Bidadi

Faculty: PB/PC B. Sc Nursing

Sl No	Candidate Name	Appl No	College Names
1.	JYOTI SANGANA GOUDA PATIL	113	K L E S INSTITUTE OF NURSING SCIENCES HUBLI
2.	DAYA DONGRU DHARWADKAR	95	K L E S INSTITUTE OF NURSING SCIENCES HUBLI
3.	NEELAMMA KURUBAR	112	K L E S INSTITUTE OF NURSING SCIENCES HUBLI
4.	SHIVAMMA	93	K L E S INSTITUTE OF NURSING SCIENCES HUBLI
5.	PRIYANKA	94	K L E S INSTITUTE OF NURSING SCIENCES HUBLI

Faculty: Allied Health Sciences

Sl No	Candidate Name	Appl No	College Names
1.	NIDA SAHAR	13	Mysore Medical College and Research Institute (MLT),Mysore
2.	YASHASWI A N	152	SRINIVAS INSTITUTE OF MEDICAL SCIENCES RESEARCH CENTRE MANGALORE
3.	NIKITHA B S	159	KIDWAI CANCER INSTITUTE BANGALORE
4.	MOUNIKA Y C	167	KIDWAI CANCER INSTITUTE BANGALORE
5.	MANJULA F ANGADI	165	KIDWAI CANCER INSTITUTE BANGALORE
6.	UMESH L	162	KIDWAI CANCER INSTITUTE BANGALORE

RGUHS SCHOLARSHIP RENEWAL APPLICATION FORM

APPLICATION FORM NO (to be filled by RGUHS)
Faculty :----- (under which the student admitted)

Affix Passport Size Photograph attested By the Principal with Seal

(The applicant should enclose documents mentioned under Instructions in support of his/her claim for the awarded Scholarship)

1.	Name in Full (CAPITAL LETTERS) (as per SSLC/SSC mark sheet)	
2.	Father's/ Guardian's name:	
3.	Date of Birth:	
4.	Nationality	
5.	Gender	
6.	Address for communication: Tel. No Landline (with STD Code) Mobile Email-	
7.	Course to which student is admitted: Medical/Dental/AYUSH/Pharmacy/Nursing/Physiotherapy/Allied Health Sciences (Enclose Allotment Letter)	
8.	RGUHS admission number / RGUHS Examination register number	
9.	Year of appearing examination date and result announced date I Year/ II Year/ III Year / IV Year (Enclose the result sheet)	
10.	First Attempt Certificate attested by the Principal	
11.	Student unforeseen event / Illness completes in the next supplementary examination Yes / NO (If yes ,enclose the copy, enclose the medical certificate and other proof attested by the head of the institution)	
12.	Migration from their college to other college as per the guidelines (Enclose Migration transfer certificate)	

13.	Are you in receipt of any other Scholarship from any other source; if Yes provide details	
14.	Details of the Bank Account of the Student	SB A/C No: Name of the Bank: Branch Name: IFSC Code:
<p>I/We hereby certify that the information disclosed by me is true to the best of my knowledge and in case if any of the particulars furnished by me is found to be false I am liable for any action proposed to be taken by the RGUHS.</p> <p>I/We agree by all the Terms and Conditions of the Scholarship to be awarded by RGUHS.</p>		
	(Name and Signature of the Student)	(Name and Signature of the Parent / Guardian)
16	Recommendations of the Head of the Institutions where the student is studying	
<p>I hereby certify that the above information furnished by the student is verified and found to be correct as per College Records</p>		
<p>(Name and Signature of the Principal of the Institution)</p>		
<p>Date: Place:</p>		