

RGUHS SCHOLARSHIP 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
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(The applicant should enclose documents mentioned under Instructions in support of his/her claim for award of 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-ID:				
7.	Particulars of PUC or its equivalent Examination Passed (Enclose Attested Xerox copy of all the relevant Marks Cards. The marks card should be attested by the Institutional Head where the student is presently studying)	Exam	Max. Marks	Marks Secured	Percentage
		II Year PUC (From all subjects)			
8.	Particulars of SSLC or its equivalent Examination Passed (Enclose Attested Xerox copy of all the relevant Marks Cards. The marks card should be attested by the Institutional Head where the student is presently studying)	EXAM	MAX Marks	Marks Secured	Percentage
		SSLC (From all subjects)			
9.	Karnataka Domicile Certificate issued by the competent authority (Enclose relevant certificate which is duly signed by Gazetted officer)				
10.	Are you a son/daughter of single surviving parent/No surviving parent ? (If yes enclose relevant certificate which issued by the competent authority)				
11.	Are you a son/daughter of Ex-service men (Enclose relevant certificate which is duly signed by gazetted officer)				
12.	Are you a rural student (Enclose relevant certificate which is duly signed by gazetted officer)				

13	Have you got a certificate for sports/ NSS/ NCC/ SCOUTS and Guides. (Enclose relevant certificate which is duly signed by Gazetted officer)	
14	Are you Differently Abled (Enclose relevant certificate which is duly signed by Gazetted officer)	
15	Course to which student is admitted : Medical/Dental/AYUSH/Pharmacy/Nursing/ /Physiotherapy/Allied Health Sciences (Enclose Allotment Letter)	
16	Gross Annual Income of the Family (Income certificate issued by Competent Authority to be enclosed)	
17	Are you in receipt of any other Scholarship from any other source; if Yes provide details	
18	Details of the Bank Account of the Student	SB A/C No: Name of the Bank: Branch Name: IFSC Code:
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.		
I/We agree to abide by all the Terms and Conditions of the Scholarship to be awarded by RGUHS.		
(Name & Signature of the Student)		(Name & Signature of the Parent/Guardian)
20	Recommendations of the Head of the Institutions where the student is studying:	
I hereby certify that the above information furnished by the student is verified and found to be correct as per College Records.		
		(Name & Signature of the Principal/Head of the Institution)
Date:		
Place:		