

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
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(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>		