

BILASPUR UNIVERSITY, BILASPUR (C.G.)

APPLICATION FOR MERIT SCHOLERSHIP FOR THE STUDETS OF UG/PG OF UTD

1. Name of the student : _____
2. Father's name: _____
3. Course name _____ Department _____
4. Class UG/PG: _____
5. Overall marks in UG/PG Semester _____ percentage of marks _____
(Attach self attested copy of mark sheet of all semesters)
6. Backlog in any semester (Yes/No)
7. Department : _____
8. Gender: M/F : _____
9. Date of Birth: _____
10. Category: (GEN/SC/ST/OBC) : _____
11. Whether DA (Yes/No) _____
12. Mailing address with mobile number _____

13. E-Mail ID _____

Declaration by student

I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected and Merit scholarship granted will be cancelled and will be refunded to the university.

Date

Signature, Student

Forwarded by HOD

This is certify that Mr./Ms(Student Name) ----- with
Enrolment No. -----was studying in the department of (Name of department) -----
----- (Class)----- (Semester)----- has
obtained ----- percentage of marks in UG/PG and is eligible as per eligibility criteria
mentioned in clause 3 of guidelines for merit scholarship.

Date:

Head
(Signature and Seal)

Recommendation by the Committee

Certify that student ----- of department -----of UG/PG -----
-----is eligible/not eligible to get merit scholarship of the university as per the
merit scholarship guidelines and hence recommended/rejected for the same.

Date:

Signature of HODs

Dean Student Welfare
(DSW)