

KURUKSHETRA UNIVERSITY, KURUKSHETRA
(Established by the State Legislature Act -XII of 1956)
(‘A⁺’ Grade, NAAC Accredited)

**APPLICATION FORM FOR AWARD OF DR. RADHAKRISHNAN FOUNDATION
FUND SCHOLARSHIP FOR THE SESSION 2019-20**

1. Category of Scholarship applied for (Tick which is applicable)
 - a. Post-Graduate
 - b. Under-Graduate
 - c. 5 yr. Integrated Courses
 - d. Below Poverty line Card Holder.
 - e. Scholarship to one child of University deceased employees.
(Attach concrete documentary proof in support of claim)
 - f. Students who have won National Bravery Award/President Medal.
 - g. Disabled students with 50% to 79% disability or more.
2. Name of the Applicant(In Block letters) _____
3. Father's Name _____
4. Name of the Deptt./Instt. _____
5. Class & Roll No./Sem. _____
6. Name of the Course/Subject _____
7. Name of the lower Examination Passed in April/May 2019. _____
8. Marks obtained with percentage in the lower Examinations. _____
9. Whether lower examinations passed in first attempt _____
10. Name of University/Board from where lower Examination passed. _____
11. Name of scholarship/stipend/financial aid, if any, is being availed presently _____
12. Number of dependents on Father/Guardian _____
13. Occupation of Father/Guardian. _____
14. The applicant must give annual total income of the family from all sources in the application form. The annual total income should include income/Gross salary of the Parent/Guardians. **The income certificates/Affidavit duly attested by the First Class Magistrate must be attached with the application form.** _____

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15. Provide the Details of Bank Account as under:-

- Name of Account Holder _____
- Name of Bank _____
- Bank Account Number _____
- IFSC Code _____
- Mobile Number (for SMS) _____
- Email-ID _____

I solemnly declare that the particulars filled in by me are correct to the best of my knowledge and nothing has been concealed therein. I also declare that in case I am selected for this scholarship/award, **I will not avail any other scholarship/stipend/financial aid during the current session i.e. _____.**

DATE.....

FULL SIGNATURE OF THE APPLICANT

FOR USE OF DEPARTMENT/INSTITUTION

1. The applicant has passed the lower examination in the first attempt from _____ Board/University in April/May, _____ and an attested copy of the DMC of the lower examination is enclosed.
2. **The total income certificate/affidavit duly attested by the First Class Magistrate is enclosed.**
3. The applicant is not in receipt of any other scholarship/stipend/financial aid for the current session.
4. The applicant is on the roll of the Department/Institutes and bears a good moral character.
5. The above information has been checked and found correct.

SIGNATURES OF CHAIRPERSON/
DIRECTOR/PRINCIPAL.
(WITH OFFICE SEAL)

NOTE:

APPLICATION FORMS WILL BE ACCEPTD/CONSIDERED THROUGH THE DEPARTMENT/INSTITUTES JOINED BY THE APPLICANT ON OR BEFORE 30TH NOVEMBER 2019 POSITIVELY. NO APPLICATION/ REQUEST WILL BE CONSIDERED/ENTERTAINED AFTER 30th November.