

GOVERNMENT OF MIZORAM
SCIENCE, TECHNOLOGY & ENVIRONMENT CELL
PLANNING DEPARTMENT



APPLICATION FORM FOR AWARD OF
MIZORAM POST MATRIC MERIT SCIENCE SCHOLARSHIP, 2005 - 2006

PART 'A'

(To be filled in the applicant)

1. Name in full _____
(in block capital letters)
2. Father's Name & Address _____
3. Permanent Address _____
*(Residential certificate from
the President, village council
as per Performa enclosed must
be attached)*
4. Present Address _____
5. Guardian's Name & Address _____
(If differs from Sl.No 4)
6. Institution where studying now _____
7. Class/Year _____
- Roll No _____
- Date of Admission _____
- Date of joining Class _____
- Subject Combination
1. Major Subject _____
2. Others
i) _____
ii) _____
iii) _____
iv) _____
v) _____

8. Particulars of the last examination taken by the Student

1. Name of Examination _____

2. Whether Univ/Board/Promotion Exam _____

3. Year _____

4. Marks Obtained
SUBJECT/PAPER

**FULL MARKS/MARKS
OBTAINED**

**PERCENTAGE
OF MARKS OBTAINED**

1. _____

2. _____

3. _____

4. _____

5. _____

(Attested copies of Mark sheets of last examination should be attached)

I hereby certify that the statements made in this application are correct. I further undertake to refund to the authority on demand the entire amount of Scholarship received by me if-

- 1) I discontinue the course for which the Scholarship is awarded to me for any reason.
- 2) I switch over to the course other than for the scholarship is awarded for me.
- 3) I draw scholarship from other source for the same course of study.

Dated _____

The _____

(Signature of applicant)

PART 'B'

(To be filled in by the head of Institution)

1. Certified that the information given by the applicant in part 'A' has been checked and are correct to the best of my knowledge and that this institution is affiliated to the _____ (name of Univ/Board) University/Board recognized by the Govt. of India/State Govt. of _____
2. Character, Conduct and attendance of the applicant: _____
3. Date of commencement of the current academic session: _____
4. Likely date on which the current session will be over: _____
5. Is the applicant exempted from payment of fees? If yes, please indicate whether the exemption is full or half: _____
6. The student is required to pay the following fees to this institution for the current year 2002-2003

<u>Particular</u>	<u>Rate</u>	<u>Amount actual payable to the Institution</u>	<u>Remarks</u>
1.Registration fee			
2.Tuition fee			
3.Library fee			
4.Game fee			
5.Union fee			
6.Magazine fee			
7.Medical fee			
8.Examination fee			
9.Laboratory fee			
10.Other(Please specify)			

Totals fees payable

Date _____

(Office Seal)

Signature of the Head of Institution with seal

.....

RESIDENTIAL CERTIFICATE

Pi/Pu/Nl/Tv _____ Pa
hming _____ hi kan Village Council huam chhunga In
leh Lo neia khawsa nghet a ni e.

(VCP hmingziak leh Seal)