APPLICATION FOR SCHOLARSHIP JOINING REPORT

NOTICE:

- 1. ALL APPLICANTS ARE REQUIRED TO DOWNLOAD THE APPROPRIATE FORM .(website: www.sikkim.nic.in/scholarship)
- NEW STUDENTS MUST SUBMIT APPLICATION FORM No. I AND FORM II CONTINUED.
- OLD STUDENTS MUST SUBMIT APPLICATION FORM No. I AND FORM III CONTINUED.
- ALL CLAIMS FOR SCHOLARSHIPS MUST BE FILED WITHIN 31ST DECEMBER OF THE SAME YEAR FAILING WHICH ALL CLAIMS STAND FORFEITED.PLEASE REFER TO NOTIFICATION NO.166/SCH/EDN/2003 DATED 13TH AUGUST 2003.
- ALL APPLICANTS MUST SUBMIT THE PHOTOCOPY OF THEIR ADHAR CARD LINKED BANK ACCOUNT NO. UNDER CORE- BANKING.

ALL CLAIMS FOR SCHOLARSHIPS MUST BE SUBMITTED TO THE SCHOLARSHIP SECTION ROOM NO.306 ON OR BEFORE 31ST DECEMBER OF THE SAME YEAR.

PLEASE NOTE THAT FORM I CONSISTS OF ONE PAGE AND FORM II AND FORM III CONSIST OF TWO PAGES EACH.

FORM I (APPLICATION FORM TO BE SUBMITTED BY ALL CATEGORIES OF CLAIMANTS)

To : I'he Joint Director (Scholarship),	
Human Resource Development Department,	
Government of Sikkim,	
Tashiling Annexe, Gangtok-737101, Sikkim.	DATE :
Gangrok-737 ToT, Bikkini.	45000 t
Sir,	
I ,son/daughte	er of Shri
resident of	undergoing thecourse
(give name of course) in the year(ment	ion for which year)
in	nstitute (mention name of Institution).
do hereby submit this application for the grant of	scholarship in terms of Notification No.
166/SCH/EDN/2003 dated 13th August 2003.	
I do solemnly declare that I have submitted all the	e following documents (Listed below at Serial No.1to
V) for award of scholarship and that all informa-	tion furnished therein is true and factual and to the
best of my knowledge and belief and that no relev	ant information has been concealed.
Name of Student:	·····
SIGNATURE of STUDENT:	***********
Date :	
Name of Parent :	
SIGNATURE OF PARENT:	FAX: TXXXXXXXXXX
Documents Submitted	
I. Joining Report in FORM II or III in original duly	signed by the Head of the Institution.
II. Attested copy of COI/Sikkim Subject	
III. Income Certificate of both father and mother	(separately for each parent)
IV. In case of parents who are in Government So	ervice, latest salary certificate issued by Drawing and
Disbursing Officer of the concerned department.	
V Attested copies of relevant mark sheets for the l	Previous Year of study.
	other (to be filled individually) as per the format at
Annexure I. Only relevant to those under General	Category(below 70% of marks) scholarships.

(IMPORIANT NOTICE: ALL APPLICANTS MUST NOTE THAT THIS APPLICATION MUST BE SUBMITTED TO HRDD ON OR BEFORE 31ST DECEMBER OF THE SAME YEAR FOR WHICH CLAIM IS MADE OR ELSE CLAIMS WILL BE FORFEITED)

FORM II JOINING REPORT FOR FRESH STUDENTS (NEW ENTRANTS) ONLY

NOTE: The exact amount of scholarship that is due to a student for a particular year of study cannot be determined until the joining report is submitted. The Head of the Institution concerned is requested to duly certify the claims in this FORM and the student/parent must ensure this duly filled in FORM is submitted to the Room No.306 Scholarship Section, Human Resource Development Department, Government of Sikkim, Tashiling Secretariat, Gangtok-737101, East Sikkim) as soon as possible immediately after the student has joined the Institute. This form must be received by the HRRD Office on or before 31st December or else the claims for that particular year standforfeited.

1 Name of the Student : Master/Miss:
2 Mother's Name:
3 Father's Name:
4 Social Category: OBC/MBC/ST/SC
5 Permanent Address:
6 Contact no. of student
7 Contact no. of Guardian
8 Name of CourseBranch
9 Duration of course (state the total number of years) : Years.
10 Expected Date of completion of course (Please mention Month and Year) :
Month Year
11Date and Year of joining the Institution : Date Month Year
12 Name of Institution:
13 Full Address of the Institution:
14 Contact no. of Head of the Institution
Phone No:
15 Name of the Affiliating University or Body which gives recognition to the course of study
being pursued by the student :
16 Percentage of marks obtained in the qualifying examination:
17 Bank:

Reimbursement on account of payment of compulsory fees subject to a maximum of Rs.10,000/-per annum. All claims must be supported with payment receipts duly certified by the competent authority of the Institute.(pursuing honours courses at graduation level in Maths/Physics/Chemistry/English/Economics/Statistics/B.Com/MBBS/BDs & B.E/B.Tech)

* (continued on page 2)

a. Registration Fee : Rs.
b. Admission Fee : Rs
c. Tuition Fee: Rs
d. Library Fee : Rs
e. Examination Fee: Rs
f. Purchase of Text Books (subject to a maximum of Rs.1000/-per annum) : Rs
Total Reimbursement claimed: Rs
Name of Student:
SIGNATURE of STUDENT:
DATE:
VERIFICATION BY STUDENT
I , Master/Miss
son/daughter of Shri
do solemnly declare that all information furnished herein in respect of my claim for the award
of scholarship are true and factual and to the best my knowledge and belief and that no
relevant information has been concealed.
SIGNATURE of STUDENT:
Date:
CERTIFICATE FROM INSTITUTION
This is to certify that the
This is to certify that the
admitted to this Institute and is pursuing the(name of course) and is
presently studying in the(mention year of study) from
the period to(mention duration of course).

Head of the Institution or Registrar or Authorized Official Seal & Signature.

PLACE:

FORM III JOINING REPORT

(Only for old Students who are continuing their studies in the same Institution)

NOTE: The exact amount of scholarship that is due to a student for a particular year of study cannot be determined until the joining report is submitted. The Head of the Institution concerned isrequested to duly certify the claims in this FORM and the student/parent must ensure this duly filled in FORM is submitted to the Room No.306 Scholarship Section, Human Resource Development Department, Government of Sikkim, Tashiling Secretariat, Gangtok-737101, East Sikkim) as soon as possible immediately after the student has joined the Institute. This form must be received by the HRRD Office on or before 31st December or else the claims for that particular year stand forfeited.

1 Name of the Student : Master/Miss
2 Mother's Name:
3 Father's Name:
4 Social Category : OBC/MBC/ST/SC
5 Permanent Address:
6 Contact no. of student
7 Contact no.of Guardian
8 Name of Institution:
9 Full Address of the Institution:
10 Contact no. of Head of the Institution
Phone No :
11 Name of the Affiliating University or Body which gives recognition to the course of study
being pursued by the student:
12. Name of CourseBranch
13 Date of Joining the FIRST YEAR of course : Date Month Year
14 State Present Year of Study: (Tick relevant year and give mention joining date)
First/Second/Third/Fourth/Fifth Year Date Month, Year
15 Results of previous year of study : PASSED / FAILED
16 System of Examination (State whether Semester-wise or Year-wise):

Reimbursement on account of payment of compulsory fees subject to a maximum of Rs.10,000/-per annum. All claims must be supported with payment receipts duly certified by the competent authority of the Institute.(pursuing honours courses at graduation level in Maths/Physics/Chemistry/English/Economics/Statistics/B.Com/MBBS/BDs & B.E/B.Tech)

(continued on page 2)

a. Registration Fee: Rs
b. Admission Fee: Rs.
c. Tuition Fee: Rs.
d. Library Fee: Rs
e. Examination Fee: Rs
f. Purchase of Text Books (subject to a maximum of Rs.1000/-per annum): Rs
Total Reimbursement claimed: Rs
Name of Student:
SIGNATURE of STUDENT:
Date:
VERIFICATION BY STUDENT
I , Master/Miss
son/daughter of Shri
do solemnly declare that all information furnished herein in respect of my claim for the award
of scholarship are true and factual and to the best of my knowledge and belief and that no
relevant information has been concealed.
SIGNATURE of STUDENT:
Date:
CERTIFICATE FROM INSTITUTION
This is to certify that the(name of student) is
admitted to this Institute and is pursuing the(name of course) and is
presently studying in the(mention year of study) from the period
(montion duration of course)

Head of the Institution or Registrar or Authorized Official Seal & Signature.

PLACE: