# KING EDWARD MEMORIAL SOCIETY

# APPLICATION FORM FOR SCHOLARSHIP (2016-17)

**Note:** Read carefully the instructions printed on the next page before filling the form.

1. Nam	<b>ne in full</b> (I Shri / Ms	n block letters, S	Surname first)					
2. Course of Study under the FACULTY of SCIENCE/ENGINEERING/MEDICAL SCIENCES offered during 2016-17								
3. Nam	ne of the C	ollege/Universi	ty department					
4. Add	ress							
	For corres	pondence						
		obile: e-mail:						
	Permanen	t Address:						
5 Abou Date	ıt Birth	Place:	District:	State	۸۰	Caste:		
Date	·•	i idee.	District.	State	·•	Casic.		
o. Abo		/Father/Guard						
	income:		tatus: [Farmer/Teache		nt/ Retired/Any	other]		
Sr No	Degree	· ` `	ersity/Institution	Year	% Marks	Specialization		
	you a recip	•	r scholarship or any ot	ther financial a	id: YES/NO			
Signatu	ire of the aj	oplicant:						
Declar		1	. , .					
scholar	ship or fina	ancial aid.	on given by me is corr		orm, in case I a	m awarded any other		
					_			

# Recommendation from the Principal/Head of the Department/Research Guide

I certify that Shri/Ms/	has joined this college/department as a during 2016-17. He/She has passed						
his/her previous examination: in the first attempt securing% marks. I recommend the award of scholarship to the applicant. HE/SHE IS NOT THE RECEIPIENT OF ANY OTHER							
Place:							
Date:	[Office seal]	Signature					
	For office use only						
The documents submitted by the car	•	found to be in order. The candidate was					
		or the award of the scholarship (amount:					
Rs 3000/-, Rs 4000/-, Rs 5000/-) for		•					
President		Honorary Secretary					
		· 					

#### **Instructions**

- 1. The application duly filled in must reach the office on or before 15<sup>th</sup> Oct 2016.
- 2. Incomplete application or application received after the prescribed date will not be considered in any case.
- 3. For false information the scholarship, if awarded, shall be cancelled forthwith.
- 4. Recommendation from the Principal in case of college students and from the Head of the department/Research Guide in case of university department, be obtained.
- 5. Enclosures to be attached with the form: Xerox copies of the Mark-sheets and Income Certificate

### Conditions for the eligibility

- 1. The applicant must be the resident of the region which was known as Central Province & Berar.
- 2. Applicant must be a student of either of the faculty that includes; FACULTY OF SCIENCE/ENGINEERING/MEDICAL SCIENCE
- 3. The student must not have repeated the qualifying examination under any reason.
- 4. Applicant should not be the holder of any other scholarship or financial aid.
- 5. The applicant should have cleared previous examinations in the first attempt securing at least 60% aggregate marks.
- 6. Preference shall be given to wards for agriculturists.
- 7. The duly filled application may be submitted on e-mail: sw.anwane@sscn.in

# IMPORTANT DATES TO BE REMEMBERED

30-10-2016: Closing date of the issue of the application forms (From College Website and FaceBook Page of King Edward Memorial Society.

30-10-2016: Closing date of the submission of the application forms.

Office: Scholarship Section, Main Office, Shri Shiyaji Science College, Nagpur 440012 or by on e-mail:

**Office:** Scholarship Section, Main Office, Shri Shivaji Science College, Nagpur 440012 or by on e-mail: sw.anwane@sscn.in