

<u>APPLICATION FORMAT FOR SJVN MERIT SCHOLARSHIP SCHEME</u>

Deadline: This application form and all other required documentation must be received by16th, September, 2017 (5:00 p.m). Mail to: 1st Floor Shree Niketan (Near IT Bhawan) Mehli Shoghi Road Lower Panthaghati, Shimla -171013 H.P- E-mail himcon77@rediffmail.com. Website:www.scholarship.himcon.org.

ate Applied:	·	Board:	XII Percentage:			
ar of Passi	ng Class XII					
itegory: Unr	reserved $m{I}$ Below Poverty Line					
		At	tach Valid certificate of BF	PL/ PWD		
	e of the Candidate			Recent photograph of		
•	w'a Nama		candidate attested b			
3. Date	of Birth :	3.(a)Sex: Male/ Female	the Principal of the Institute where the student has taken admission		
4. Cate	gory: SC/ ST/OBC/ Genera	l :				
5. E-ma	il :					
6. Land	Line Number,	N	Mobile No: 1-			
			2			
8. Perm	anent Address:					
State			Pin Code			
0 Com	anandanaa Addraaa.					
9. Corre	espondence Address:					
State			Pin Code			
10. State	Appling (Please tick the stat	e and board from where	the candidate has passed	d out 10+2 exam)		
a) Himachal Pradesh	State Board	CBSE/ ISC			
b) Uttrakhand	State Board	CBSE/ ISC			
C)) Bihar	State Board	CBSE/ ISC			
d)) Arunanchal Pradesh	State Board	CBSE/ ISC			
e) Maharashtra	State Board	CBSF/ ISC			

11. Pa (i)	rticulars of School/ Name & addre				ere tl :			-								
(ii)	Name & address of the School : Name of Panchyat and Distt. where 10+2 school is situated :															
(iii)																
, ,	(iv) Roll No. in Class 12 th Examination															
(v)		Year of Passing														
		Total marks/Grade obtained														
(vi)	(Attested copy of mark sheet to be a														—	
,	`			d of fe	e atta		,									
(vii	,	Total Marks of examin														
(vii	i) Percentage of	marks	:s :													
(ix)	In case of grade system its equivalent percentage:															
(x)	Is the student i	s availi	ng sch	nolars	hip fi	rom a	any o	other	sou	rce(\	Yes/	No):_				
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	C Code of the Bank															
	ne of the Bank dent's CBS Account												 			-
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	Full Address of the															
Bra	nch															
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Te	hsil	l District				State										
in	the course (with Tra	ide)														
yea	arSeme	Semester			Session				Roll No					_•		
S	Seal of the Institute											ege		nsti	•	/Hea witl
	Date:															
Certifica	tion Statement:															
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