

APPLICATION FORM FOR SJVN SILVER JUBILEE MERIT SCHOLARSHIP SCHEME -2021

Deadline: This application form and all other required documentation must be received by 17th November 2021

Mail to: 1st Floor Shree Niketan (Near IT Bhawan) Mehli Shoghi Road Lower Panthaghati, Shimla -171013 (H.P.) E-mail amarverma2310@gmail.com. Website: www.scholarship.himcon.org.

State A	Applied: □ Himachal (All Distric		rakhand nly Uttarkashi & Chamoli Di	strict)	☐ Bihar (Only Buxar District)	
Board:	□ State Boa	rd CBSE/ICSE				
Year of	f Passing 12 th	12 th Percentage _	Marks Obtained	Tota	al Marks	
Applica	ant Details:					
1.	Name of Student (in Block Letters)	:			Recent photograph of candidate attested by the Principal of the	
2.	Father's Name	:			Institute where the	
3.	Date of Birth	:			student has taken admission	
4.	Gender	: □ Male	□ Female			
5.	Category:					
		☐ General ☐ SC	□ ST [□ OBC	☐ Minority	
6.	E-mail :					
7.	Contact/Mobile Number : Student Parents					
8.	8. Permanent Address:					
	State	Pin Code				
9.	Correspondence A	ddress:				
	State		Pin Code			



10. Particulars of School/ Institution from where the student passed 12th Class 1. Name of School 2. Address of School 3. Name of District 4. Name of Area/Panchayat 5. Candidate belongs to Project Affected Area : ☐ YES ☐ NO 6. Candidate belongs to Project Affected Family : ☐ YES ☐ NO (In reference to point no. 5 & 6 candidates are requested to kindly get the Annexure-2 certified by the SJVN Competent Authority without Annexure-2 candidates will not be considered under Project Affected Area/Project Affected Family) 7. Name of Board 8. Roll No. on Class 12th Examination 9. Year of Passing Class 12th Examination 10. Total Marks Obtained (Attached Attested copy of Mark Sheet) 11. Total Marks 12. Percentage of Marks 13. In case of grade system its Equivalent Percentage 11. Detail of Student Bank Account (in Block Letters) a. Name of Applicant in Bank Account : ______ b. Name of Bank c. Name of Branch

(Please attached the copy of Pass Book)

d. Account Number

e. IFSC Code

- Kindly enclosed the Annexures along with the Form, without Annexures it will be rejected



Certification Statement:

I do here by declare that I am not receiving any scholarship from any Institute/Govt./PSU etc.

By signing my name below, I confirm that all of the information provided above and the accompanying documents is true and correct to the best of my knowledge.

I do understand that submission of Application Form doesn't mean that the candidate/applicant is eligible for scholarship.

SJVN/HIMCON will not be responsible for any delay in receiving the application form. Applicants are advised to avoid last moment rush to submit their application and they should submit their application well in advance before the deadline. The SJVN/HIMCON shall not be liable for failure of submission of application by the applicant that may arise due to any reason whatsoever. No such requests of the candidates will be entertained by SJVN/HIMCON.

Name of Applicant	
Signature of Applicant:	Date:

Note: Students who have passed out their Plus Two Examination during the F.Y. 2021 can submit Annexure-1 after finalization of their admission in the respective college/institute. Students who are unable to submit the Annexure-1 or Proof of admission to regular course after 12th will not be considered for scholarship.



Annexure-1

"TO WHOM IT MAY CONCERN"

(This is to be issued/furnished on the letter head of the College/Institute)

We do hereby certify the credentials of the Student as under:-

1.	Name of Student	:
2.	Father's Name	:
3.	Address	:
4.	Year of Enrolment	:
5.	Course Name	:
6.	Course Session	·
7.	Course Duration	· :
8.	Roll No.	·

Date:

Signature of Principal/Head with Seal of the College or Institute with Stamp



Annexure-2

"TO WHOM IT MAY CONCERN"

(This is to be issued/furnished on the letter head of SJVN Limited) (Applicable for students belonging to Project Affected Family/Project Affected Area only)

We do hereby certify that the following Student belongs to **Project Affected Family/ Project Affected Area**

1.	Name of Student	:
2.	Father's Name	:
3.	Address	:
4.	Belongs to	: Project Affected Family
		: Project Affected Area
		: Project Affected Area

Date:

Signature of Concerned Project Authority
SJVN Limited