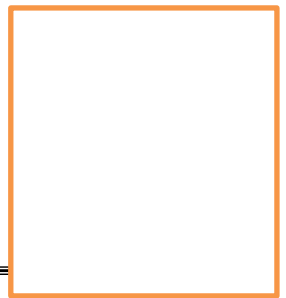


FRESH STIPEND FORM 2019-20



DIRECTORATE OF MEDICAL EDUCATION TRAINING & RESEARCH
NAHARLAGUN
ARUNACHAL PRADESH
Website: www.dmetrap.in Email : dmetrap@gmail.com
Tele / Fax: 0360-2350574/627, Ph.No. +91-7005265679



1.	NAME OF COURSE:												
2.	Name of Student												
3.	Father Name												
4.	Date of Birth												
5.	Aadhaar No.												
6.	Mobile No.												
7.	Postal Address												
8.	SBI Account Number												
9.	Whether Stipend received during previous year? Leave Blank if student is 1 st year admission.	If YES- Mention year eg. 2005, 2006				If NO - Mention year eg. 2005, 2006							

DETAILS TO BE FILLED BY UNIVERSITY / COLLEGE (OFFICE USE)

Name of University / College /	
Postal address of College / University	
Name of student	
First Year Admission Date (Date of admission in first year)/...../.....
Present Academic Admission Date (1 st year / 2 nd year / 3 rd year / 4 th year)/...../..... (.....year)
Name of degree / Course	
Duration of degree study	(..... Years)
Name of Principal/ Dean / Director	

Signature / Date

Official University / College stamp

Document Attached: <i>(Tick All)</i>	Aadhaar Card <input type="checkbox"/>	Front page of Bank Passbook <input type="checkbox"/>	Bona fide Certificate from Institute <input type="checkbox"/>	ST Certificate of Arunachal Pradesh <input type="checkbox"/>
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ACKNOWLEDGEMENT

1. Stipend application form no :
2. Name of applicant:
3. Date of receipt:

Signature