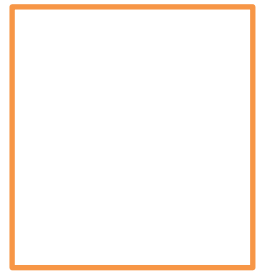


2ND PHASE - FRESH STIPEND FORM 2019-20



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 <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 25%;"><small>Eg. 2005</small></td><td style="width: 25%;"><small>Eg. 2006</small></td><td style="width: 25%;"><small>Eg. 2007</small></td><td style="width: 25%;"><small>Eg. 2008</small></td></tr></table>				<small>Eg. 2005</small>	<small>Eg. 2006</small>	<small>Eg. 2007</small>	<small>Eg. 2008</small>	If NO - Mention year eg. 2005, 2006 <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 25%;"><small>Eg. 2005</small></td><td style="width: 25%;"><small>Eg. 2006</small></td><td style="width: 25%;"><small>Eg. 2007</small></td><td style="width: 25%;"><small>Eg. 2008</small></td></tr></table>				<small>Eg. 2005</small>	<small>Eg. 2006</small>	<small>Eg. 2007</small>	<small>Eg. 2008</small>
<small>Eg. 2005</small>	<small>Eg. 2006</small>	<small>Eg. 2007</small>	<small>Eg. 2008</small>														
<small>Eg. 2005</small>	<small>Eg. 2006</small>	<small>Eg. 2007</small>	<small>Eg. 2008</small>														

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
stamp

Official University / College

Document Attached: <i>(Tick All)</i>	Aadhaar Card <table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>		Front page of Bank Passbook <table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>		Bona fide Certificate from Institute <table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>		ST Certificate of Arunachal Pradesh <table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>	

ACKNOWLEDGEMENT

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

Signature