

RENEWAL STIPEND FORM 2019-20



DIRECTORATE OF MEDICAL EDUCATION TRAINING & RESEARCH
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ARUNACHAL PRADESH
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1.	APPLICATION SERIAL NO. <small>(Serial No. may trace from official website)</small>																									
2.	Name of Student																									
3.	Father Name																									
4.	Aadhaar No.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
5.	Mobile No.																									
6.	SBI Account Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
7.	Stipend received during the previous year?	<table border="1"><tr><td colspan="4">If YES- Mention year eg. 2005, 2006</td><td colspan="4">If NO – Mentioned the lapse year for claiming the stipend.</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><small>Ex. 2005</small></td><td><small>Ex.2006</small></td><td><small>Ex. 2007</small></td><td><small>Ex.2008</small></td><td><small>Ex. 2005</small></td><td><small>Ex.2006</small></td><td><small>Ex. 2007</small></td><td><small>Ex.2008</small></td></tr></table>	If YES- Mention year eg. 2005, 2006				If NO – Mentioned the lapse year for claiming the stipend.												<small>Ex. 2005</small>	<small>Ex.2006</small>	<small>Ex. 2007</small>	<small>Ex.2008</small>	<small>Ex. 2005</small>	<small>Ex.2006</small>	<small>Ex. 2007</small>	<small>Ex.2008</small>
If YES- Mention year eg. 2005, 2006				If NO – Mentioned the lapse year for claiming the stipend.																						
<small>Ex. 2005</small>	<small>Ex.2006</small>	<small>Ex. 2007</small>	<small>Ex.2008</small>	<small>Ex. 2005</small>	<small>Ex.2006</small>	<small>Ex. 2007</small>	<small>Ex.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: <small>(Tick All)</small>	Aadhaar Card	Bona fide Certificate
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ACKNOWLEDGEMENT

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

Signature