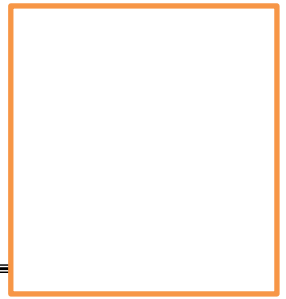


FRESH STIPEND FORM 2020-21



DIRECTORATE OF MEDICAL EDUCATION TRAINING & RESEARCH
NAHARLAGUN
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1.	NAME OF COURSE:																									
2.	Name of Student																									
3.	Father Name																									
4.	Date of Birth																									
5.	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>																								
6.	Mobile No.																									
7.	Postal Address																									
8.	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>																								
9.	Whether Stipend received during previous year? Leave Blank if student is 1 st year admission.	<table border="1"><tr><td colspan="4">If YES- Mention year eg. 2005, 2006</td><td colspan="4">If NO - Mention year eg. 2005, 2006</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><small>Eg. 2005</small></td><td><small>Eg.2006</small></td><td><small>Eg. 2007</small></td><td><small>Eg.2008</small></td><td><small>Eg. 2005</small></td><td><small>Eg.2006</small></td><td><small>Eg. 2007</small></td><td><small>Eg.2008</small></td></tr></table>	If YES- Mention year eg. 2005, 2006				If NO - Mention year eg. 2005, 2006												<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>
If YES- Mention year eg. 2005, 2006				If NO - Mention year eg. 2005, 2006																						
<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>																			

10. Have you applied in NSP (National Scholarship Portal) for the session 2020?
*. If YES provide Registration No..... (leave blank if not applied)
*. Which scheme you have applied in NSP(mentioned the scheme name):.....
.....

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: (Tick All)	Aadhaar Card <input type="checkbox"/>	Front page of Bank Passbook <input type="checkbox"/>	Bona fide Certificate from Institute / Current Admission copy <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:

Note: All data will be share in NSP, so fill wisely.

Signature