FRESH STIPEND FORM 2023-24



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	ı													
1.	NAME OF COURSE:														
2.	Name of Student														
3.	Father Name														
4.	Date of Birth														
5.	Aadhaar No.														
6.	Mobile No.	-	<u>.</u>	<u>. </u>							<u>I</u>	<u>l</u>			
7.	Postal Address														
8.	SBI Account Number														
9.	Whether Stipend received during previous year? Leave Blank if student is 1st year admission.	If YES-	- Mentio		r eg. 20	05, 2006 Eg.2008		If NO Eg. 2005			ear eg. 2	2005, 200 Eg.2008			
10. Have you applied in NSP (National Scholarship Portal) for the session 2023-24? *. If YES provide Registration No															
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 (1st year / 2nd year / 3rd year / 4th year)			ear												
Name of degree / Course															
Du	ration of degree study	(Years	5)										
Name of Principal/ Dean / Director															
Signature / Date Official University / College stamp															
Docu (Tick	ment Attached: All) Aadhaar Card	I		Front pa	_	nnk	fro	na fide Co m Institu rrent Adr	te /		ST Certif Pradesh	icate of A	Arunachal		
ACKNOWLEDGEMENT 1. Stipend application form no:															
2. Name of applicant:															
3. D	ate of receipt:														
	Note: All data will be share in NSP, so fill wisely. Signature										gnature				