SMT. KISHORITAI BHOYAR COLLEGE OF PHARMACY, KAMPTEE

EMPLOYEE WELFARE SCHOLARSHIP
APPLICATION FORM

Session: _____

Affix recent color passport size photograph

*** Note: This Scholarship will be given to the children of employee associated with the society and studying in course run by Smt. Kishoritai Bhoyar College of Pharmacy, Kamptee, in the form of Fee concession**

Name of Student: _____

Date of Birth: _____ Male/Female: _____

Category: OPEN/OBC/SC/ST/VJ-NT/SBC/MINORITY

Class: B. Pharm I/II/III/IV M. Pharm I/II : Branch:_____

Father's Name: _____

Mother's Name: _____

Name of Guardian associated with society/Institute: …….

Guardian associated with society/ Institute ……..……..

Designation :…… Year of Association: …….

Communication Details:

Residential Address: _____

_____Pin code:_____

Mobile No.:_____Email ID: _____

Details of Fee

1. Tuition Fee :
2. Development Fee :
3. Total :

Eligibility for Fee concession of Rs: _____

UNDERTAKING

I hereby declare that, I am associated with the Shri Sadashivrao Patil Shikshan Santha (Society) from …… We are applying for this scholarship. I shall abide by the terms and conditions for the sanction of "***Employee Welfare Scholarship"***. I undertake that society can terminate my scholarship at any stage of education in the college if the information given by me is false or if I violate the terms and conditions of the scholarship. If intended, entire amount of scholarship will be refunded by me or recovered from me, apart from liability for such penal action as warranted by Law.

Date:

Signature of Parent/Guardian Signature of Student

Name: _____ Name: _____

Documents to be attached:

1. All the documents of qualification certificate
2. All the documents related to admission

ENDORSMENT ABOUT EMPLOYEE

This is to certified that Mr. /Ms. …….is associated with Society / Institute ……. as a ……. since …….. .His /her ward Mr./Ms. ……..……..…….. is studying in B. Pharmacy / M. Pharmacy in Smt. Kishoritai Bhoyar College of Pharmacy, Kamptee and his /her application for the "***Employee Welfare Scholarship"*** in academic year …… is **Recommended /Not Recommended.**

HOD / Principal /Chairman

Date:

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RECOMMENDATION FROM DEAN STUDENT WELFARE

Application of Mr./ Ms. ……..… for the "***Employee Welfare Scholarship"*** given to children of employee associated with society, in terms of concession in Tuition Fees for the course of B. Pharm / M. Pharm in academic year …… received and is **Recommended/Not Recommended** as per the criteria /policy for said scholarship.

Dean Student Welfare

Date:

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APPROVAL FROM PRINCIPAL

Application for the "***Employee Welfare Scholarship"*** given to children of employee associated with society/ Institute, in terms of concession in Tuition Fees of Mr./Ms. ……. Children of ……..……..…….. for the course of B. Pharm / M. Pharm in academic year …… is **Accepted / Not Accepted.**

Principal

Date:

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FOR OFFICE USE

Application of Ms. ……. for the "***Employee Welfare Scholarship***" received and processed on date …….. for the course of B. Pharm / M. Pharm in academic year ……

Date: **Signature of Accountant**