



SMT. KISHORITAI BHOYAR COLLEGE OF PHARMACY, KAMPTEE

LATE SMT. SHANTABAI PATIL SCHOLARSHIP
APPLICATION FORM

Session: _____

*** Note:** This Scholarship will be given as special case to the Economically backward students /Merit students/ Orphan students/ COVID affected family/ Natural disaster affected/ Divyang student/ Special diseases/ Other state admitted students of B. Pharm / M. Pharm (25).

Affix recent
color passport
size
photograph

Apply through: Merit students/ Orphan students/ COVID affected family/ Natural disaster affected/ Divyang students/
Special diseases/ Defense students/ Other state admitted students.

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: _____

Occupation : _____ Annual Income: _____

Mother’s Name: _____

Occupation : _____ Annual Income: _____

Total Annual Income of Family Rs:

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 shall abide by the terms and conditions for the sanction of “Late Smt. Shantabai Patil Scholarship” for Merit students/ Orphan students/ COVID affected family/ Natural disaster affected/ Divyang students/ Special diseases/ Defense students/ Other state admitted students. I undertake, that if at any stage, it is found to the satisfaction of the sanctioning authority that, the information given by me is false or if I violate the terms and conditions of the scholarship, the scholarship sanctioned to me, may be cancelled and the 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
- 3. All relevant information & documents related to category of application.

RECOMMENDATION FROM DEAN STUDENT WELFARE

Application of Mr./Ms. for the “**Late Smt. Shantabai Patil Scholarship**” given to Merit students/ Orphan students/ COVID affected family/ Natural disaster affected/ Divyang students/ Special diseases/ Defense students/ Other state admitted students in terms of concession in fees of_____for the course of B. Pharm/ M. Pharm in academic yearis **Recommended / Not Recommended.**

Dean Student Welfare

Date:

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APPROVAL FROM PRINCIPAL

Application of Mr./Ms. for the “**Late Smt. Shantabai Patil Scholarship**” given to Merit students/ Orphan students/ COVID affected family/ Natural disaster affected/ Divyang students/ Special diseases/ Defense students/ Other state admitted students in terms of concession in fees of_____for the course of B. Pharm/ M. Pharm in academic yearis **Accepted / Not Accepted.**

Principal

Date:

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FOR OFFICE USE

Application of Mr./Ms. for the “**Late Smt. Shantabai Patil Scholarship**” received and processed on date for the course of B. Pharm / M. Pharm in academic year

Date:

Signature of Accountant