



SKB MERIT AWARD
APPLICATION FORM

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Session: _____

*** Note:** This Scholarship will be given only to the merit students of B. Pharm (II / III / Final Year) and M. Pharm (Final Year) of institute in the form of Bus Facility / Hostel Facility.

Name of Student:_____

Date of Birth:_____ Male/Female:_____

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

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

Father’s Name:_____

Occupation: _____

Mother’s Name:_____ Occupation: _____.

Facility for: _____ (Bus / Hostel)

Communication Details:

Residential Address: _____

_____ Pin code: _____

Mobile No._____ Email ID: _____

Educational Details:

Examination	Marks Obtained		Cumulative Marks	SGPA obtained		Cumulative CGPA
	Sem -I / III / V	Sem- II / IV / VI		Sem -I / III / V	Sem- II / IV / VI	
B. Pharm. (I / II / III)						
M. Pharm. I						

UNDERTAKING

I hereby declare that, I shall abide by the terms and conditions for the sanction of “**SKB Merit Award.**” 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 tome, 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 mark sheet/certificate
- 2. All the documents related to admission

VARIFICATION OF MERIT FROM EXAM SECTION

As per the record of examination section, detail furnished by Mr. /Ms.
are found correct and is eligible for “**SKB Merit Award**” in academic year

Signature of the Exam In-Charge

Date:

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RECOMMENDATION FROM DEAN STUDENT WELFARE

The “**SKB Merit Award**” for merit student in terms of concession in Bus Fees / Hostel Fees of Mr./
Ms. for the course of B. Pharm (II/ III /Final Yr.) / M. Pharm (Final
Yr.) in academic year is **Recommended / Not Recommended** as per the policy of
college and documents provided.

Dean Student Welfare

Date:

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APPROVAL FROM PRINCIPAL

The “**SKB Merit Award**” for merit student in terms of concession in Bus Fees / Hostel Fees of
Mr./ Ms. for the course of B. Pharm (II/ III /Final Yr.) / M.
Pharm (Final Yr.) in academic year is **Accepted / Not Accepted**.

Sanction Amount: Bus Fees / Hostel Fees / Any other.

Principal

Date:

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FOR OFFICE USE

Application of Ms. for the “**SKB Merit Award**”
received and processed on date for
..... in academic year

Date:

Signature of Accountant

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