



SMT. KISHORITAI BHOYAR COLLEGE OF PHARMACY, KAMPTEE
LATE YADAVRAO BHOYAR MEMORABLE MERIT SCHOLARSHIP

APPLICATION FORM

Session: _____

*** Note:** This Scholarship in the form of cash reward will be given to the merit student who has the highest MHT-CET score among students admitted to B. Pharmacy first year course in institute.

Affix recent color passport size photograph

Name of Student:_____

Date of Birth:_____ Male/Female:_____

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

Class: B. Pharm First Year

Father’s Name:_____

Occupation: _____

Mother’s Name:_____ Occupation: _____.

Communication Details:

Residential Address: _____

_____ Pin code: _____

Mobile No._____ Email ID: _____

Educational Details:

Examination	Year of passing	Name of University	% Obtained	Division
S.S.C. (10 th)				
H.S.C. (12 th)				
MHT-CET Score card				

Student Bank Account Details:

Name of Bank:

Account Number:

IFSC Number: MICR Number.:

Bank Address:

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UNDERTAKING

I hereby declare that, I shall abide by the terms and conditions for the sanction of “**Late Yadavrao Bhojar Memorable Scholarship.**” I undertake, that institute can cancel my scholarship during the education in the organization if the information given by me is false or if we 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 mark sheet/certificate
2. All the documents related to admission
3. MHT-CET Score card.

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VARIFICATION OF MERIT FROM DEAN ADMISSION

As per the record of admission, detail furnished by Mr. / Ms.

Are found correct & is eligible for “*Late Yadavrao Bhoyar Memorable Scholarship*” for the academic year

Signature of the Dean Admission

Date:

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RECOMMENDATION FROM DEAN STUDENT WELFARE

Mr./Ms. is **Recommended / Not Recommended** for the “*Late Yadavrao Bhoyar Memorable Scholarship*”(This scholarship for merit student who has the highest MHT-CET score among students admitted to B. Pharmacy first year in institute) for the academic year_____ as per the policy of institute and documents provided.

Dean Student Welfare

Date:

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APPROVAL FROM PRINCIPAL

Application of Mr./Ms. of B. Pharmacy First year for the “*Late Yadavrao Bhoyar Memorable Scholarship*” for the academic year is **Accepted / Rejected**.

Sanction Amount:

Principal

Date:

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FOR OFFICE USE

Application of Mr./ Ms. for the “*Late Yadavrao Bhoyar Memorable Scholarship*” received and processed on date for in academic year

Amount: _____

Date:

Signature of Accountant