GOVERNMENT OF TRIPURA DIRECTORATE OF HIGHER EDUCATION

Application Form for Tripura Post Madhyamik Stipend (For Professional courses Outside the State of Tripura) Fresh.

1.	Nan	ne in full (in Block letters) :-	Date of entrence		Name of School/College		
	Dia	ce & date of birth :-					
	ria						
		8					
3.	a ce Con	ether he/she belongs to Sch. Cast artificate from S. D. O./MLA/MP/ a mmissioner of Agartala Municipalit mber of NAC is to be furnished) :-	ny Gazetted Officer/ y/Member of ADC/			idge e pliert 1	
		21 A					
	Nati	ionality :-					
	i)	An attested copy of the National be furnished.	ity certificate is to				
		De lumisned.	and the the state of the state	annos hora	loukes of all examination or		
	ii)	A certificate from MP/MLA/SDO/ Commissioner of the agartala M	unicipality/Member of				
化		ADC/Member of NAC of his/her be furnished to the effect that he		Boend/ University	Name of Examination		
		resident of Tripura.	NUT OF DUILOUP 1	Zine in a gran			
	Full a)	Address :- Present :-					2
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	b)	Permanent :-					
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	i uu	her's name in full :-					
	a)	Nationality -			Name and address of the l		
	b)	Occupation -					
	c)	Address (if dead please state pr	esent the last address				
	•/	and occupation before death)					
		Permanent :-					
				nolisiamoo i			
		ertificate from SDO/MLA/MP/any nmissioner/Agartala Municipality/I					
		mber of NAC of his area concerne					

that he is a permanent resident of Tripura is to be

Submitted).

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7. Give full name, Occupation and complete postal address EMINAEVOB of your Guardian. NOITADUGE REHEIR FO BTAROTOERIO

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Particulars School/College/University etc. Where you studied (any break in the education career should be indicated in the remarks Column).

Name of School/College	Da	te of entrance	Date of leaving	REMAR	KS
1	2				
			-: cth	e & date of bi	Plac
		Bazetted Officer/	elongs to Sch. Caste/S S. D. O./ML/VMP/ any (rtificate from S	a ce
1		ember of ADC/	Agartala Municipality/M i to be furnished) :-		
		ertificate is to	opy of the Nationality c	onality :- An attested o	Nati
				be furnished.	
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			inter which and he was to be a	and second to be the second of the	TAK
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Name of Examination		and the second sec		be furnished resident of Tr Address in	
	University	Passing : No.	percentage of marks	be fumished resident of Tr Address I- Present >	
	University	Passing : No.	percentage of marks	be furnished resident of Tr Address in	
	University	Passing : No.	percentage of marks	be fumished resident of Tr Address I- Present >	
	University	Passing : No.	percentage of marks	be fumished resident of Tr Address I- Present >	Fult. a) b)
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ny examination was not passed at	University 1st attempt th	Passing : No.	percentage of marks	be fumish di resident of T Address :- Present :- Permanent :- er's name in it Nationality -	Full a) (d Fash
ny examination was not passed at (University 1st attempt th	Passing : No.	y be stated.	be fumished of Treadent of tre	Fullu a) b) Fath a) b)
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that he is a permanent resident of Tripura is to be

Submitted).

(f) Year in which the final examination o of the full course will be held. 11. If the applicant is in receipt of any other scholarship or financial assistant from State Govt./University/ Institution or persons, full particulars should be given including the monthly rate and date award etc.

12. List of documents attached :-

b)

a)

·c)

d)

13. I hereby declare that the statements made by me in this application form are true to the best of my knowledge and belief. I further agree to abide by the terms and conditions of the award if I am secleted for stipends applied for.

Place :-

Date :-

(Signature of the applicant)

TO BE FILLED IN BY THE HEAD OF THE INSTITUTION

- 1. Designation and full postal address of the authority/ Head of the Institution to which the scholarship amount etc. will be sent for disbursement to the applicant.
- Name of the nearest branch of the state Bank of India or the Govt. Treasury through which the payment of stipend is desired.
- Certified that Sri/Smt.
 was admitted into any institution (name)
 as a regular full time student in Class
 during the session commencing from

b) Obstantion - 1

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Place :-

inclusive with the

Date :-

(Signature of the Head of the Institution)