## GOVERNMENT OF TRIPURA EDUCATION DEPARTMENT

## Application form for Cirl's Stipend

1. Name in full ;— (in block letter)		Passal N		
2. Place & date of birth :-				
3. Nationality :-				
i) An attested copy Certificate is to be the completent aut	furnished from			
ii) A certificate to from Magistrate is to be that she is a perma	furnished to the		a walle face	
She is a daughter of stationed in Tripur	of a Govt. servant	of old n		
Service.  4. Full address:—		-1 5000	of years required pistion of the co	
			I designe has see	
(a) Present :-	adt lo nai	al examination on complet		ert (i
(b) Permanent :—  yldinom and problem in the state of the	cholarship of F	the coston or person full	l al pollunings. Leally to the service	
(b) Nationality:				/
(an attested copy o be furnished)	f the certificate is t	o - bodon		183.31
(c) Occupation (d) Address	s in this application y the mean and	I further agree to abide b	the disclare that the sales and beliefs at For the sales and	
(e) Present	(— (Signatura)			
	(Inas Aga)			
6. Total monthly income for the studies any break in be indicated the remarks	lege/University etc n educational care	s candidutes already earni		A), si undonië
Name of School/College/ Institution.	Date of enterin	Date of leaving	Year	Remarks

Vame	of H	Exam.	University/ Board	Year of Passing	Roll No.	Class or subjects Remarks Divn. with taken attached percentage copies of of marks.  Marksheet.
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					meri bad	Certificate is to be furnish the considerent authority
					A.J.M.	ii). A certificate to from M. P.
9.		Name and session.	address of	the Institution	where admission	has been accured for the academ
			lmission :		emper Pecitation	stationed in Tripura on de
	,		s required fo	or the		Scrvice.
			of the cours			
	d)	Course and	subjects take	n :		4. Full address :-
	e)	Date of con	mmencement	of session :-		
			ich the final e		completion of the	(a) Present :-
10.						or Financial Assistance from Gove
10.	U	niversity o		itution or pers	on full particulars	or Financial Assistance from Gove should be given including the month
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SIGNATURE OF THE HEAD OF INSTITUTION