The selected students are advised to apply in the prescribed form for availing scholarship (Appendix-II) to the Director, Institute of Mathematics & Applications, Andharua, Bhubaneswar-751003. The application form for availing scholarship (Appendix-II) is enclosed herewith. The application should reach us (only by Speed Post/Registered Post) on or before 12.08.2016 positively for award of scholarship.. As per Govt. norm, Scholarship is not admissible for a candidate who shall be in receipt of any other financial assistance from any other source. Kindly take steps to send the certificate.

P.G SCHOLARSHIP RESULT -NEXT MERIT STUDENTS-2015-16

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ZOOLOGY								
1 SABITA SOBHA PRADHAN RAVENSHAW UNIVERSITY ZOO-15- 0	17							
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Cont...

Attested passport

size photograph to

be pasted here

APPLICATION FORM FOR AVAILING SCHOLARSHIP

- 1. Name of the student (in block letters:
- 2. Father's/ Guardian's Name:
- 3. (a) Permanent Address:
 - (b) Present address for correspondence With phone No./ e-mail etc.
- 4. Sex (Male/ Female:
- 5. Date of Birth:
- 6. Nationality:
- 7. Whether permanent resident of Odisha (Yes/No):
- 8. Category (General/SC/ST/OBC/SEBC):
- 9. Academic Record:

Name of the Exam.	Year of passing/ appearing	% of marks secured	Division	Any Honours/ Distinction achieved	Remarks
HSC					
+2 stream					
+3 stream					4

- 10. Subject at P.G. level in which admission is taken:
- Name and address of the Government University/ College/ Govt. aided private College/ Govt. aided autonomous College:

CERTIFICATES

- 1. Certified that I have read, understood and gone through the details of the Guidelines governing the Scholarship Programme.
- Certified that I shall refund all the money received as scholarship if I discontinue my Postgraduate studies.
- 3. Certified that I shall not receive/accept any other financial assistance other than this scholarship.
- 4. Certified that the statements and information made in the application are true to the best of my knowledge and belief.

Place:

Date:

Signature of the applicant

Countersigned

Signature of the Head of the Deptt./Institution with seal