KURUKSHETRA UNIVERSITY, KURUKSHETRA  
(Established by the State Legislature Act –XII of 1956)  
('A+' Grade, NAAC Accredited) 

APPLICATION FORM FOR AWARD OF DR. RADHAKRISHNAN FOUNDATION FUND SCHOLARSHIP FOR THE SESSION 2019-20

1. Category of Scholarship applied for (Tick which is applicable)
   a. Post-Graduate  
   b. Under-Graduate  
   c. 5 yr. Integrated Courses  
   d. Below Poverty line Card Holder.  
   e. Scholarship to one child of University deceased employees.  
      (Attach concrete documentary proof in support of claim)  
   f. Students who have won National Bravery Award/President Medal.  
   g. Disabled students with 50% to 79% disability or more.

2. Name of the Applicant(In Block letters)

3. Father’s Name

4. Name of the Deptt./Instit.

5. Class & Roll No./Sem.

6. Name of the Course/Subject

7. Name of the lower Examination Passed in April/May 2019.

8. Marks obtained with percentage in the lower Examinations.

9. Whether lower examinations passed in first attempt

10. Name of University/Board from where lower Examination passed.

11. Name of scholarship/stipend/financial aid, if any, is being availed presently

12. Number of dependents on Father/Guardian

13. Occupation of Father/Guardian.

14. The applicant must give annual total income of the family from all sources in the application form. The annual total income should include income/Gross salary of the Parent/Guardians. The income certificates/Affidavit duly attested by the First Class Magistrate must be attached with the application form.

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15. Provide the Details of Bank Account as under:-

- Name of Account Holder
- Name of Bank
- Bank Account Number
- IFSC Code
- Mobile Number (for SMS)
- Email-ID

I solemnly declare that the particulars filled in by me are correct to the best of my knowledge and nothing has been concealed therein. I also declare that in case I am selected for this scholarship/award, I will not avail any other scholarship/stipend/financial aid during the current session i.e. ________.

DATE…………………..

FULL SIGNATURE OF THE APPLICANT

FOR USE OF DEPARTMENT/INSTITUTION

1. The applicant has passed the lower examination in the first attempt from ________Board/University in April/May, ______ and an attested copy of the DMC of the lower examination is enclosed.

2. The total income certificate/affidavit duly attested by the First Class Magistrate is enclosed.

3. The applicant is not in receipt of any other scholarship/stipend/financial aid for the current session.

4. The applicant is on the roll of the Department/Institutes and bears a good moral character.

5. The above information has been checked and found correct.

SIGNATURES OF CHAIRPERSON/
DIRECTOR/PRINCIPAL.
(WITH OFFICE SEAL)

NOTE:

APPLICATION FORMS WILL BE ACCEPTED/CONSIDERED THROUGH THE DEPARTMENT/INSTITUTES JOINED BY THE APPLICANT ON OR BEFORE 30TH NOVEMBER 2019 POSITIVELY. NO APPLICATION/REQUEST WILL BE CONSIDERED/ENTERTAINED AFTER 30th November.