



Symbiosis Society Foundation

University Merit Scholarship Application Form Academic Year20 -

SNAP /SET ID:													
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SNAP/SET Score													
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Affix your photograph of 3.5x4.5 cm

Institute _____ Programme _____ PRN _____

Personal Details

1) **Name**

First Name															
Middle Name															
Last Name															

2) **Category:** Indian International Sports Persons

3) **Gender:** Male Female Other

4) **Date of Birth:**

(Date)		(Month)		(Year)			

5) **Father's/ Husband's Name :**

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6) **Mother's Name:**

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7) **Mailing Address:**

City :							State :						
Pin Code :													

8) **Permanent Address:**

City :							State :						
Pin Code :													

9) **E-Mail ID:**

10) **Alternate E-Mail ID:**

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Educational Details

	Year of Passing	School /College	Board/ University	Stream	Degree	If completed (Aggregate % of marks of all years)	If appearing for Final year (Aggregate % of marks of all years appeared)
X th							
XII th							
Graduation							
Post Graduation							
Any Other							

Academic Performance in the Semester

Program	Semester Passed (I,II,III,IV,V,VI,VII,VIII,IX) Year Passed (1,2,3)	GPA	CGPA

(Attach photocopy of detail marks card)

Declaration

- (i) I hereby declare that the information given above is correct.
- (ii) I am not availing any other scholarship from any other source.
- (iii) I shall abide by the terms and conditions for sanction of the merit scholarship.
- (iv) I undertake, that if at any stage, it is found by the sanctioning authority that the information given by me is false or if I violate the terms and conditions of the scholarship, the scholarship sanctioned to me, may be cancelled and I will refund the sanctioned amount.

Date:

Place:

Signature of the Student

Verification/Information to be furnished by the Head of the Institute/Departments

It is certified that the information filled in the above mentioned columns by Mr/Ms _____ S/O,D/O,W/O Mr. _____ who is admitted in _____ programme for the academic year _____ in _____ Institute is correct.

For Renewal of Scholarship:

It is certified that the above mentioned student has passed the _____ examination for _____ (semester/year) and has attained _____ GPA/CGPA.

Date: Signature of the Head of the Institute

Place:

Official seal

Recommended

Approved

Chairman, Screening Committee

Chairman, SSF