INSTITUTE VERIFICATION FORM

(To be filled in by the Head of Institution where the applicant is studying)

1. Certified that ........................................................................................................................................(applicant name) is at present studying in .................. Class in this School/Institution with effect from (date of admission) .................. for the academic session ..................under admission number .................. Class ............... Roll No. ...........

2. The duration for the whole complete course is from .................. to ..................

3. Likely date, month and year of the annual examination for the class in which the applicant is presently studying Date ............ Month ............ Year ............

4. This Institution is affiliated to ..............................................................................................................University/Broad and is recognized by the Government of India/ State Government of.................................

5. Further certified that the statements made by the applicant in this application form are correct to the best of my knowledge and I recommended the applicant for award of the Scholarship for the academic session ............... 

6. Particulars of all non-refundable compulsory fees paid by the applicant are as follows:
(i) Tuition Fee : ........................................... (ii) Examination Fee : ..............................................
(iii) Game Fee : ........................................... (iv) Library Fee : ..............................................
(v) Medical Fee ........................................... (vi) Any other (to be specified) : .................
Total : .................. (Rupees ..........................................................) only.

Date: ....................

(Signature of the Head of Institution with seal)

Place: ....................

Name in block letter: ..............................................

(Seal of the Institution)

Full postal address of the Institution.............................

.................................................................

Telephone No.: ..............................................

Email ID: ..........................................................

Note: (1) Stamped signature will not be accepted, (2) Full name in block letters of the Head of Institution is compulsory, (3) Official seal of the Head of Institution and round seal of the Institution are compulsory, (4) The application form will be rejected if declaration is found incomplete or filled in by the applicant or if there are signs of over-writing/erasure.