

# PDM COLLEGE OF PHARMACY

SEC. 3A, SARAI AURANGABAD, BAHADURGARH, HARYANA

## SCHEME OF "NANDINI FOUNDATION SCHOLARSHIP"

2014-2015

### SCHOLARSHIP FORM

NAME OF CANDIDATE:

FATHER'S NAME:

MOTHER'S NAME:

YEAR: FIRST  SECOND  THIRD  FOURTH

COLLEGE ROLL NO:

NAME OF LAST EXAMINATION APPEARED \_\_\_\_\_

IN YEAR \_\_\_\_\_ AND OBTAINED MARKS \_\_\_\_\_ OUT OF \_\_\_\_\_ MAKING OVERALL PERCENTAGE \_\_\_\_\_

MY ANNUAL FAMILY INCOME IS BELOW 2 LACS  BETWEEN 2-3 LACS  ABOVE 3 LACS

I AM ATTACHING THE FOLLOWING MENTIONED DOCUMENTS

- AN APPLICATION PAGE NO.
- ATTESTED COPY OF MARK SHEETS PAGE NO.
- STATEMENT OF PURPOSE (ESSAY) PAGE NO.
- LETTERS OF RECOMMENDATION PAGE NO.
- INCOME AFFIDAVIT PAGE NO.
- STATEMENT OF PARTICULARS PAGE NO.
- OTHERS, IF ANY PAGE NO.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF APPLICANT

I HEREBY DECLARE THAT I HAVE READ GUIDELINES FOR THE GRANT OF SCHOLARSHIP AND AGREE TO ABIDE THE TERMS AND CONDITIONS OF THE AWARD. I CERTIFY THAT THE STATEMENTS MADE IN THE APPLICATION ARE CORRECT AND IF ANY OF THEM IS FOUND TO BE INCORRECT BY AUTHORITY WHOSE DECISION WILL BE FINAL AND BINDING ON ME.