



# Symbiosis Society Foundation

## University Merit Scholarship Application Form Academic Year 20 -

<b>SNAP /SET ID:</b>							
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<b>SNAP/SET Score</b>							
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Institute \_\_\_\_\_ Programme \_\_\_\_\_ PRN \_\_\_\_\_

### Personal Details


1) **Name**  
First Name  
Middle Name  
Last Name

2) **Category:** Indian International Sports Person Others

3) **Gender:** Male Female Transgender


4) **Date of Birth:**  
(Date) (Month) (Year)

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

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6) **Mother's Name:**

7) **Mailing Address:**

City :	State :
Pin Code :	

**8) Permanent Address:**

City :	State :
Pin Code :	

**9) E-Mail ID:**

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

**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 <sup>th</sup>							
XII <sup>th</sup>							
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:

Place:

Signature of the Head of the Institute

Official seal

Recommended

Approved

Chairman, Screening Committee

Chairman, SSF