Annexure II

Verification Form by Institute Principal/Director/Dean

(To be printed on Institute Letter Head)

This is to	certify tl	nat							(n	ame	of st	udent)
son/daughte		(name of parent/guardian)										
is studying in	Year / Class_			Ser	nester_			at				
							(r	name o	f schoo	ol/colle	ge/univ	ersity).
The institute is a recognized Private []/ Government aided []/ Government college []/ Deemed												
University [] (please tick where applicable).												
His/her cour (For college The curricu	student onli Ilum of the	y) schoo								(Name		·
The total annu			mic yea	r 2018-	-19 is R	ls						/-
I further verify the knowledge.	that the 'reaso	on for app	olying fo	r schola	ırship' a	s menti	oned in	the app	olication	form is	s true to	my
If selected, I w												
(ACCOUNT N. the institute in					, ,		апу ше	iuii IIa	me or i	irie bai	rik ACC	ount or
Signature with	h stamp of F	rincipal/l	Univers	ity Dire	ector/De	ean Co	ntact N	No				_

_Date___/__/

E-mail_____