

HINDU COLLEGE SONEPAT

No.

Students Notice

Date: 02-05-2016

Registration & Scholarship Branch of M. D. University, Rohtak vide their letter no. R&S/R-2/Sch./16/9894 dated 31.3.2016 has invited applications on prescribed form for award of University Merit Scholarship on the basis of merit list, for the year 2014-15, copy of the letter and application form are available on the college website.

Interested students are required to submit their application form for above scholarship to Shri Rajbir, clerk in the college office latest by 05.05.2016.

**Dr. B. K. Garg
PRINCIPAL**

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MAHARSHI DAYANAND UNIVERSITY ROHTAK

Registration & Scholarship Branch

No.R&S/R-2/Sch./16/ 9894

Dated: 31-3-16

To

The Principal,
Hindu College, Sonapat.

(521)

Sh. Gaurav Garg
Principal
27/4/16

Sub: To award and renewal the University Merit Scholarship for the year 2014-15.

Sir,

I am directed to invite the application forms for the University Merit Scholarship for the session 2014-15.

1. The amount of the Scholarship for the PG courses is Rs. 300/-per month and will be awarded on the basis of the result of BA/ B.Sc /B.Com final year.
2. The amount of the Scholarship for U.G. courses is Rs. 200/-per month and will be awarded on the basis of the result of BA/ B.Sc /B.Com first year.

This Scholarship will be awarded on the basis of the result of April / May , 2014. The students are required to apply on the prescribed Application Form through their HOD/Principal of institute/college within a week from the date of issue of this letter failing which it will be presumed that no students of your institute/college is interested to take the Scholarship. It is also pertinent to mention here that this letter shall not be treated as sanctioned of scholarship.

It is also informed that the University Merit Scholarship will be awarded on the basis of merit list and the only eligible student(s) will be allowed the said scholarship. Accordingly, you are requested to forward the complete Application Form in all respect in the format as given as under:-

Sr. No.	Univ. Roll No.	Student Name	Father Name	Class	Rank
1	1229845	Tinku	Billu Ram	B.Sc. 1 st	5

Encl: As above

Yours faithfully,

Superintendent (R&S)
for Registrar

29/3/16

MAHRSHI DAYANAND UNIVERSITY**Registration & Scholarship Branch****Application for grant/Renewal of University Merit Scholarship for the sessioj 20 ___ - 20 ___**

Note : Incomplete, ineligible applications or those not on the prescribed form and without documentary proofs etc. will be rejected without any notice
(to be filled in by the applicant in one and the same ink)

1. Name of the applicant _____
(in full and capital letters)
2. Father's or if the father is dead, guardian's name, occupation and address State relationship _____
3. Permanent Home Address _____

4. Class joined _____
5. Roll No. (in class) _____
6. Date of Birth _____
7. Examination passed _____
8. Marks obtained _____ out of _____ Percentage _____
9. Whether passed the above said examination in first attempt _____

10. Result of examination passed : Starting from Matriculation examination:-

Sr. No.	Name of Examination	Year of passing	Maximum Marks	Marks obtained	Percentage of marks

N.B. Attested copies of all the certificates/testimonials etc. are to be attached with this form

11. Name of the College/Institution/ Deptt. joined for further studies _____
12. a. Institution joined is affiliated to the University _____
b. Name of the course joined _____ duration _____
13. Whether in receipt of any other scholarship/stipend from this University or from any other source during the current year _____
(Give details, if applied for any other scholarship/stipend simultarteously)

14. Any special claim for the award of University scholarship etc. _____
Indicate your Regn. No. of MDU _____

15. No. of documents attached with this form :-

1. _____ 2. _____
3. _____ 4. _____

I hereby solemnly declare that the information given above is correct. I shall produce all my original certificates/ testimonials/documents of which attested copies are attached with this form at the time of interview or when needed by the office.

Signature of the applicant

Encl :
DATE

Recommendations of the Head of the Teaching Department/Institution concerned.

the information given by the applicant in his/her application has thoroughly been checked with his/her admission form and to other record maintained in my Department/College, original certificates/testimonials etc. of the applicant are found correct.

Forwarded to the Registrar, M.D. University, Rohtak with the following recommendations. Kindly make specific recommendations with regard to the nature and value of the concession recommended.

This application may kindly be considered for grant of _____

Head of Department/College/Institution
(with seal)

Note :- The form may be sent to the Asslt. Registrar/Dy. Registrar (Regn. & Sch.), M.D. University, Rohtak directly.