
	<p>Government of Karnataka</p> <p>Department of Backward Classes Welfare</p> <p>Student Application cum Verification Report for Post-Matric/Food & Accommodation/Fee Concession (OR) Nursing Renewal 2019-20</p>	
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1. Application No: 2019 0153 3616	2. Application Date: 25-10-2019	3. Caste Category / Caste: CAT-IIIB / VeerashaivaLingayath(SI.No-3-(a))
4. Student Name : ABHISHEK G HATTI		5. Gender : Male
6(a). Father Name : GOLLALAPPA		6(b). Mother Name : SAVITHRI
7. Address & Mobile No : REVA UNIVERSITY ,Bbmp , Kattigenahalli ,BANGALORE URBAN & 82XXXXXX09		
8. SSLC HT No : 41XXX56	9. Pass Year: 2014-CBSE Board	10. Date of Birth: 02-07-1998
11.Family Annual Income (in Rs.): 12000	12. SATS ID : -NA-	12(a). Ration Card : SINR00105790
13.College Details(college Nature) : REVA UNIVERSITY COLLEGE KATTIGENAHALLI YELAHANKA , Bbmp,Bangalore Urban , (Residential) ,REVA UNIVERSITY KATTIGENAHALLI YELAHANKA BANGALORE		
14. Course Name /Course Year /Duration of Course : BTECH (EEE) / IV Yr / 4 Yrs		
15. College Admission No / Admission Date(of this year): / Admission Through R16EE005 / 01-08-2019 / Government Quota		16. Distance (in Kms.): 600
17. Scholarship Type : Day Scholar		18. Scholarship Applied for: 1.Post-Matric/Food & Accommodation,2.Fee Concession
19. Bank Name / IFSC Code: KARNATAKA BANK LTD /KARB0000666		20(a). Bank A/c No : XXXXXXXXXXXX0601
(a).Income Caste Cert. No. : RD003903XXXXXX2	(b).Cat-1 Caste Cert. No.: -NA-	(c).Aadhaar No. / Name / Demo Aadhar Status: XXXXXXXX6438 / ABHISHEK GOLLALAPPA HATTI / NOT DONE

I. Declaration and Aadhaar Consent

I hereby consent for the use of my Aadhaar number of **XXXX / XXXX / 6438** , provided in the application for Scholarship, to carryout Identity Validation,to make Direct Benefit Transfer of Scholarship to the Bank Account and also to seed the said Aadhaar number into ePASS Scholarship. Further, I also consent to obtain its Aadhaar Number and to use the Aadhaar number, so obtained, to carryout Identity validation and also to make Direct Benefit Transfer of Scholarship to the Bank Account."

I hereby certify that that above information furnished is true. I have not availed any other scholarship for this purpose from any other sources. I shall abide by the terms and conditions of the sanction of the scholarship. If any discrepancies are found later, I hereby abide for refund of the scholarship amounts claimedand also am liable for action by the Department .

Date :

Signature of the Student

II.Verification Report of College Principal

This is to certify that the information furnished above is verified with the records and found to be correct. He / She is a bonafide student of our college studying in BTECH (EEE) / IV Yr (Course & Course Year) during 2019-20 .

Date :

Signature of the Principal
(With College Seal)

III.Verification Report of Verification Officer/

I have verified the contents of scholarship **Renewal** application with reference to the college records and original certificates, physically identified the student verified the following certificates

Caste :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Income:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	SSLC:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TC:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ration Card:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SATS ID:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Aadhaar:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bank Passbook:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	PHC:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Previous Marks:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other Details/Certificates if any:

I recommend for sanction of :

Post-Matric/Food & Accommodation/Fee Concession (OR) Nursing

I do not recommend the sanction of scholarship for the following reasons. (Please specify)

I have physically verified the SSLC Certificate in person

Date :

Signature of the Verification Officer

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