GOVERNMENT OF GUJARAT

(BCk-6.1) Post Matric Scholarship for SC students (Government of India Scheme)(Freeship Card Student Only)

Fresh Application



Submit Date: 30/07/2025

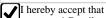


Student Basic Details

Name of Bank: STATE BANK OF INDIA

Name of Stu	dent : PARMAR SAURAV KIRANBHAI					
Name of Student (As per Aadhar): Saurav Kiranbhai Parmar						
Mother's Na	ime: Parvatiben parmar					
Date of Birth: 29/08/2004			Gender: Male			
Category : SC(અનુસ્ચિત જાતિ)			Religion :Hindu			
Caste: Hindu	Caste : Hindu Vankar (ફિન્ફ વણકર)					
Aadhaar Sta	atus Verified: Yes(30/07/2025 17:46:06)					
Ration Card No.: 127112013895531			Ration Card Member No.: 127112013895531003			
Name As Pe	r Ration Card: (Saurav Kiranbhai Parmar / સૌરવ કિરણભાદ	ે પરમા	۶)			
EKYC Statu	s As Per Ration Card: Yes		EKYC Date: 04-10-2024			
Aadhar Nun	nber Matched With Ration Card: Yes					
	tus: I hereby give my consent to use my personal data available Gujarat for fetching my identity for the purpose of post matric sch			vil supply department. I hereby give my consent to		
Annual Inco	ome of Parents/Guardian/Husband (Rs): 180000		Habitation Type: Urban			
Mobile Num	lber: 9824725460		E-mail Address: parmarsaurav820@gmail.com			
Aadhar No: 29xxxxxx5484			Parent/Guardian occupation: Casual Labour (গুટક মপুર)			
Is Orphan:	NO		Day Scholar / Hosteller : Day Scholar			
Marital Status : Unmarried			Hostel Type:			
	Current Address:		Permanant Address:			
State	Gujarat	State		Gujarat		
District	Ahmadabad	District		Ahmadabad		
Taluka	Asarava	Taluka		Asarava		
Village		Village				
PinCode	382350	PinCode		382350		
NR UTTAM NAGAR NIKOL GAM ROAD NR U			ress:D 166 AMBICA NAGAR UTTAM NAGAR NIKOL GAM ROAD MEDABAD			
Student Bank Account Detail/Aadhar Bank Detail						
I voluntarily give my consent to use my Aadhaar details.						
Aadhar Number : -			Bank name : -			
NPCI Date: #Error			NPCI Status : -			
I am giving my consent for payment of scholarship amount in my bank account, linked with Aadhar.						
Account No: 37xxxxxx2283			IFSC Code: SBIN0060434			
Student Name(As per Bank Name): PARMAR SAURAV KIRANBHAI						

Branch Name & Address: BAPUNAGAR, AHMEDABAD



1.Details provided by me are correct to best of my knowledge

- 2. Shall not make any claims if amount is transferred to a wrong account due to incorrect details provided by me
- 3. Shall refund the amount transferred to someone else's account due to incorrect details provided by me
- 4.I will refund the excess amount credited to my account, if any.

Student Academic Details

Present Course/Class/Trade Type: Medical

Present Course/Class/Trade Name: BDS Bachelor of Dental Surgery

Present Course/Class/Trade Year: 4TH YEAR(7th Semester/8th Semester)

Studying in: Gujarat **Enrollment No:**

Present Institute District: Ahmadabad **Present Institute:** COLLEGE OF DENTAL SCIENCE AND

RESEARCH CENTRE, BOPAL

Admission Type: Regular Paid Seat (Self Finance) Present Branch Course: -

Enter Your Research/Thesis Subject:

Present Course Completion Date: 27-Apr-2026 Present Class Start Date: 28-Apr-2025

Fees	Amount
Admission Fees (Rs)	0
Tution Fees (Rs)	319000
Misc.Fee(NonRefundable Fees)	0
Exam Fees(Rs)	1225
Total (Rs)	320225

Previous stream: BDS Bachelor of Dental Surgery	Previous Class/Course: 3RD YEAR(5th Semester/6th Semester)
Previous Passing Year: 2025	Previous (%): 73.83
Educational Break: No	No. Of. Year in Break :
Freeship Card Detail	

Freeship Card No: 149

Freeship Card Issued Date: 26/04/2022

Freeship Card Issued by District: Ahmadabad

Previous Education Detail

Course/Class/Trade Type	Course/Class/Trade Name	Branch Name	Seat No	Passing Year	Percentage
9th Std/10th Std	10TH	SCIENCE	A4008813	2019	88.67
11th Std/12 Std	12TH	SCIENCE	B216241	2021	93.71
Medical	BDS Bachelor of Dental Surgery	FIRST B.D.S.	410	2023	71.16
Medical	BDS Bachelor of Dental Surgery	SECOND B.D.S.	369	2024	69.12
Medical	BDS Bachelor of Dental Surgery	THIRD B.D.S.	365	2025	73.83

Disablity Detail

Is Disability: No	Type of Disability: -		
Percentage of disability:	Required Guide/Coaching Guide: No		
Guide Name: -			
Guide Address: -			

List of documents which you have attached:

- 1 Caste Certificate From the Competent Authorities
- 2 First Page Of Bank PassBook/Cancelled Cheque
- 3 Income Certificate (Competent Authority)(Form no.16 required For Govt. Employee)

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- 4 Std:10 Marksheet
- 5 School Leaving Certificate (If Any)
- 6 Std:12 Marksheet(If Any)
- 7 Other Marksheets/Last Year Marksheet (If Any)
- 8 Freeship Card

I have read all above terms and conditions and understand them fully, I hereby declared that here I am submitting only one application for scholarship and I haven't received any other scholarship/stipend or fellowship in this current session under any other central/state government scheme. I further state that all information furnished by me is correct to my knowledge in case of any the false information or suppression of necessary data proved in my application is liable to get cancelled at any stage of the scholarship process and the entire amount of scholarship will be refunded by me or recovered from me. Government decision shall be final and binding on me.

Date: 30/07/2025

Verify Mobile Number : Yes 30/07/2025

Place: Signature of the applicant

It is certified that the information filled in the above mentioned fields by the students are correct to the best of my knowledge and all the Documents has been checked.

It is also certified that in case the applicant leaves institution or otherwise discontinues the studies or detained or accepts any other regular scholarships/stipend/ fellowship the fact will be immediately reported to the said authority

Certified that the student is eligible for scholarship amount subject to Central/State government rules and the student is recommended for sanction of scholarship.

This is to certify that student has regularly attended classes and maintained minimum attendance criteria till date for the A.Y. 2024 -2025. If student will irregular, than we will immediately reported to the said authority.

The actual School/College/University year began on _____ and will be ended on _____

 $Signature\ Of\ Head\ Of\ The\ School/College/Institute/University\ With\ Official\ Seal$

Place:

*Note : Stamp Signature will not be accepted

Date:

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