

BITS, PILANI- K. K. BIRLA GOA CAMPUS

FORM FOR CLAIMING MERIT SCHOLARSHIP FOR WARDS

Year : _____

Date: _____

Name of claimant _____ PSRN _____ Group/Unit _____

S.No.	Name of ward(s)	Standard	Fees for (months)	Name of school	Amount claimed(Rs.)
1					
2					
3					

Total : Rs._____

Amount in words Rs. _____

Forwarded

Signature of the claimant

Forwarded to Accounts

Checked By _____

(for use in Accounts)

Reference of the scholarship register: Page No. _____ Sl. No. _____

The claim verified and found to be in order for Rs _____ (Rupees _____
_____ only)

Amt. already claimed Rs. _____

Balance after deducting present claim _____

BITS, PILANI- K. K. BIRLA GOA CAMPUS

Date: _____

To
The Director
BITS Pilani
Goa Campus

Sir,

I request you to grant me a scholarship to cover my tuition and other fees. My particulars are given below :

1. Name : _____ Male / Female
2. Scholarship requested for studying in Class _____ Academic Year _____
School / College _____
3. Class Previously passed _____ Academic Year _____
School / College _____

(Copy of previous year's Progress Report to be attached)

1. Parents' Particulars :

Name: _____ PSRN _____

Unit/Division: _____ Designation _____

Date of Joining: _____

(Student's Signature)

I certify that my son/daughter mentioned above is wholly dependent on me and the particulars given above are correct.

Forwarded
Faculty In-charge / Head of Dept.

(Father / Mother's Signature)

Verified particulars of father / mother of the applicant.

Date _____

Deputy Registrar

is sanctioned a scholarship to cover his/her tuition fees as per the rules.

Date: _____

Director, BITS Pilani Goa Campus