## University Grants Commission, New Delhi-110 002 JOINING CUM VERIFICATION CERTIFICATE FOR FRESH APPLICATION ON NSP.

## NATIONAL SCHOLARSHIP FOR POSTGRADUATE STUDIES

S.No	PARTICULARS	INFORMATION (To be filled by institution in CAPITAL letters)
1	Name of Institution	BHARATHIAR UNIVERSITY, COIMBATORE (ID: U-0447) Maruthamalai Main Road, Coimbatore-641046 COIMBATORE TAMIL NADU
2	Whether recognised/included under Section 2 (f) or Section 3 of UGC Act or a Government institution	(To be mentioned here clearly)
3	AISHE code of Institution	U-0447
4	NAAC score/rating (valid at the time of signing this Certificate)	
5	In case of affilated institution, name of the affilating University	
6	Postal Address of Institution	Maruthamalai Main Road, Coimbatore-641046 COIMBATORE TAMIL NADU
7	Email ID of institution	
8	Name of Nodal Officer of institution, who is authorised to verify applications on NSP	
9	Mobile Number of Nodal Officer	

- 11. We have read the guidelines and eligibility conditions for the same at <a href="https://scholarships.gov.in/">https://scholarships.gov.in/</a>. It is certified that the candidate is eligible for scholarship as per the eligibility conditions stipulated in the guidelines. We have seen, checked and verified all the documents submitted by candidate to confirm his/her eligibility for scholarship and category under which he/she has applied. All these documents are being kept in the safe custody of the Institution.
- 12. We understand that NSP/UGC will disburse the amount of scholarship directly into the account of candidate on the basis of information given by candidate and certified/verified by our Institution. The Institution is fully responsible for the correctness of information given in the online application and eligibility of candidate.
- 13. It is certified that the student is not in receipt of any other scholarship/monetary benefit from any other source other than the scheme for which the student is applying...

Signature of Nodal Officer of Institution:  Date: Seal:	Signature of Head of Institution:  Date: Seal:
Name:	Name:
Designation:	Designation:

Note: To be signed by Head of the Institution i.e. Registrar/Principal/Director. Complete information is required to be filled. Applications with Incomplete information will not be accepted for 2nd level verification.

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