**SAINATH PARAMEDICAL COLLEGE**

**UMARIA (M.P.)**

**STUDENT PERSONAL INFORMATION FORM**

Course ............................................ Session ........................................ Cast .................................

Scholarship ID Password

MPMSU ID Password

1. Student Name : .........................................................................................................................

2. Father's Name : ............................................. 3. Aadhar No. of Student ..................................

4. Mother's Name : ............................................. 5. DOB .............................................................

6. Last Qualification ........................................... 7. Sex ...............................................................

8. Samagra ID No................................................. 9. Aadhar No. of father ..................................

10. Email-Id ..........................................................11. Pin Code

12. Permanent Address ..................................................................................................................

........................................................................................................................................................

........................................................................................................................................................

13. Telephone No. Compulsory A any two from (B,C,D)

(A) Personal ......................................................

(B) Father ......................................................

(C) Home/M/O ......................................................

**opu i=**

esjs }kjk izi= esa mYysf[kr lwpuk,a /;kuiwoZd i<ha xbZ gSaA mDr tkudkjh tks esjs }kjk nh xbZ gS iw.kZr% lgh ,oa lR; gSA

(D) Local Guardian ................................................

**fo'ks"k lwpuk**

1- QkeZ esa pkgh xbZ tkudkjh dks fo|kFkhZ lgh ,oa lR; ds vk/kkj ij vfuok;Z :i ls HkjsaA

2- fo|kFkhZ }kjk Hkjh xbZ tkudkjh ds vk/kkj ij laLFkk }kjk le;&le; ij egRoiw.kZ lwpuk tSls ijh{kk] ukekadu 'kqYd] vkfn izsf"kr dh tkosxhA

3- ;fn fo|kFkhZ }kjk mijksDr tkudkjh xyr Hkjh vkSj laLFkk }kjk bl Hkjh xbZ tkudkjh ds vk/kkj ij iszf"kr lwpuk le; ij ugh feys rks fo|kFkhZ Lo;a ftEesnkj gksxkA laLFkk dk nkf;Ro ugha gksxkA

viuh uohure jaxhu QksVks fpidk,aA

Signature of Student

Signature of Principal

Signature of CEO

**SAINATH PARAMEDICAL COLLEGE**

**UMARIA (M.P.)**

**FOR SCHOLARSHIP REGISTRATION**

ID Password

**Registration: Enter your details.**

Name :

Gender : Male/Female

DOB :

Father's Name :

Mother's Name :

Category :

Religion :

Mobile No:

Email ID :

Aadhar Card No:

Samagra ID:

**Correspondence Address Details:**

State:

Address:

District:

Pin Code:

Student Signature

**SAINATH PARAMEDICAL COLLEGE**

**UMARIA (M.P.)**

**FOR SCHOLARSHIP FORM**

NEW/RENEWAL SESSION ...........................

Scholarship ID Password

Caste Certificate

1. District 2. Course Course Code

3. Case No. 4. Issue Date

5. Address

6. Tehsheel

7. Caste &

Caste No.

**10the Details**

1. Name of Board 2. Passing Year

3. Roll No. 4. School Name

**Bank Details**

1. Name of Bank 2. IFSC

3. A/c No.

**Scholarship Details**

**54221**

Institute Code Course Code

Admission Date DOB

Enrollment No. Last passed Exam date

School Name Last passing %

Result Student Aadhar No.

Father's Aadhar No.

**Income Certificate**

Father's Occupation Total Income

Income Issue Date Income Certificate issued by

**Course code details.**

**12012**

**7801**

**12202**

DMLT BMLT OT

**Signature of Student**