



Department of Backward Classes

Student Application cum Verification Report for
Post-Matric Scholarship **Fresh 2022-23**



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| 1. Application No: 2022 1133 1295 | 2. Application Date: 30-11-2022 | 3. Caste / Sub Caste: BC-B / Patkar(Sl.No.-14) |
| 4. Student Name : GATTADI NANDINI | 5. Gender : Female | |
| 6. Father / Mother Name : GATTADI ANAND | | |
| 7. Address & Mobile No : 3-57/75 ,Armoor , Surbiriya ,NIZAMABAD & xxxxxx9015 | | |
| 8. SSC HT No : 2005129354 | 9. Pass Year -Pass Type : 2020-Regular | 10. Date of Birth: 29-01-2005 |
| 11. Family Annual Income (in Rs.): 124000 | 12. UID(aadhar) : xxxxxxxx6222 | |
| 13. Income Certificate Details: IC022229118189 , , | | |
| 14. College Details : EASHWARIBAI MEMORIAL COLLEGE OF NURSING WEST MARR , Maredpally Paegha, Hyderabad , Private College ,Kaloji Narayana Rao University of Health Sciences Warangal | | |
| 15. Course Name /Course Year /Duration of Course : BSC (NURSING) / I Yr / 4Yrs | | |
| 16. College Admission No / Admission Date(of this year): TI2245215078 / 15-10-2022 | | 17. Distance (in Kms.) : 200 |
| 18. Scholarship Type : Day Scholar | | 19. DAH Name : - |

I. Declaration

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 claimed and also am liable for action by the Department. .

Date :**Signature of the Student**