

IMPORTANT INSTRUCTIONS FOR PAYMENT CUM RENEWAL FORM

1. The Payment cum Renewal Form (as attached) along with Bonafide Certificate for subsequent years (as attached) to be submitted directly to KSB on completion of each academic year for subsequent payments, till completion of course.

2. The candidates should have scored a minimum of 50% marks, uninterrupted for continuation of scholarship in every year for the duration of course up to a maximum period of 5 years as prescribed for that course of study. A person selected for scholarship for one course would not be entitled for scholarship for another course.

*** Note:-** If the marks in the qualifying examination are expressed in grades, then equivalent percentage (100 point scale) duly certified by the concerned College / Institute / University must be furnished (KSB will not be calculating the percentage of marks).

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PAYMENT CUM RENEWAL FORM1. *Name of the applicant (Ward/widow):*

2. **Put a tick mark (✓)**

Male

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Female

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3. *Selection Serial No. given by KSB:*

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4. *Name of the Course (Do not write branch name or in short form):*

5. *Duration of the Course*

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6. *Mobile No of the Student*

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7. *E-Mail of the Student
(mandatory)*

8. *Particular of ESM / Ex-Coast Guard:*

Name of ESM /
Ex-Coast Guard
Rank
Service Number

9. *Present Address (where you want your letter is to be sent)**(To be filled up only in case of change from previous address or write N / A)*

House No.
Street No. & Name
Tehsil & Post
Distt
State

Pin Code

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Place: _____

Date: _____

Full Name & Signature of the Ward / Widow

BONAFIDE CERTIFICATE FOR SUBSEQUENT PAYMENTS OF PMSS

Please Fill Properly Your Full Year (Both Semester's) Marks

1. It is certified that Ms. / Mr. _____ is a Bonafide student of _____ college. He / she is studying in the I / II / III / IV / V year of the two / three / four / five years _____ course. He / she had joined this college in the academic year 20____ - ____ and the course will be completed in the month of _____ 20____ - ____.

2. This is also certified that Ms. / Mr. _____ has successfully completed his / her 1st / 2nd / 3rd / 4th / 5th year and scored

<u>Year</u>	<u>Marks Obtained</u>	<u>Out of</u>	<u>Percentage</u>
1 st Year (1 st & 2 nd sem)	_____	_____	_____
2 nd Year (3 rd & 4 th sem)	_____	_____	_____
3 rd Year (5 th & 6 th sem)	_____	_____	_____
4 th Year (7 th & 8 th sem)	_____	_____	_____
5 th Year (9 th and 10 th sem)	_____	_____	_____

3. He / she is continuing the course in 2nd / 3rd / 4th / 5th year.

4. His / Her renewal of scholarship is hereby recommended. His / her account no. is _____

Office Seal:

Signature of Principal / Dean / Registrar

Date: _____

Place: _____