



Government of Karnataka														
 Department of Backward Classes Welfare Student Application cum Verification Report for Post-Matric/Food & Accommodation/Fee Concession (OR) Nursing Renewal 2019-20														
														
1. Application No: 2019 0224 5343			2. Application Date: 20-10-2019			3. Caste Category / Caste: CAT-IIIB / VeerashaivaLingayath(SI.No-3-(a))								
4. Student Name : VINAYAK KOLAKI						5. Gender : Male								
6(a). Father Name : MALLIKARJUN				6(b). Mother Name : LATA										
7. Address & Mobile No : SAKHARWADI, NIPANI ,Chikkodi , Nipani Cmc ,BELGAUM & 81XXXXXX48														
8. SSLC HT No : 20XXXXXXX36			9. Pass Year: 2012-Karnataka SSLC Board			10. Date of Birth: 28-04-1996								
11.Family Annual Income (in Rs.): 82000			12. SATS ID : -NA-			12(a). Ration Card : -NA-								
13.College Details(college Nature) : RANI CHENNAMMA UNIVERSITY COLLEGE BELGAUM , Belgaum,Belgaum , (Residential) ,Rani Chennamma University, Belgaum														
14. Course Name /Course Year /Duration of Course : MCA / III Yr / 3 Yrs														
15. College Admission No / Admission Date(of this year): / Admission Through 1800016296 / 30-07-2019 / Government Quota						16. Distance (in Kms.) : 56								
17. Scholarship Type : Day Scholar						18. Scholarship Applied for: 1.Post-Matric/Food & Accomodation,2.Fee Concession								
19. Bank Name / IFSC Code: SYNDICATE BANK /SYNB0000557						20(a). Bank A/c No : XXXXXXXXXX9503								
(a).Income Caste Cert. No. : RD003890XXXXX9			(b).Cat-1 Caste Cert. No.: -NA-			(c).Aadhaar No. / Name / Demo Aadhar Status: XXXXXXXXX6047 / VINAYAK KOLAKI / NOT DONE								
<u>I. Declaration and Aadhaar Consent</u> <p>I hereby consent for the use of my Aadhaar number of XXXX / XXXX / 6047 , provided in the application for Scholarship, to carryout Identity Validation,to make Direct Benefit Transfer of Scholarship to the Bank Account and also to seed the said Aadhaar number into ePASS Scholarship. Further, I also consent to obtain its Aadhaar Number and to use the Aadhaar number, so obtained, to carryout Identity validation and also to make Direct Benefit Transfer of Scholarship to the Bank Account."</p> <p>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 claimedand also am liable for action by the Department .</p>														
Date :						Signature of the Student								
<u>II.Verification Report of College Principal</u> <p>This is to certify that the information furnished above is verified with the records and found to be correct. He / She is a bonafide student of our college studying in MCA / III Yr (Course & Course Year) during 2019-20 .</p>														
Date :						Signature of the Principal (With College Seal)								
<u>III.Verification Report of Verification Officer/</u> <p>I have verified the contents of scholarship Renewal application with reference to the college records and original certificates, physically identified the student verified the following certificates</p>														
Caste :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Income:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	SSLC:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TC:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ration Card:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SATS ID:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Aadhaar:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bank Passbook:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	PHC:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Previous Marks:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Details/Certificates if any:														
I recommend for sanction of : Post-Matric/Food & Accomodation/Fee Concession (OR) Nursing														
I do not recommend the sanction of scholarship for the following reasons. (Please specify)														
I have physically verified the SSLC Certificate in person														
Date :						Signature of the Verification Officer								