

BONAFIDE CERTIFICATE FOR RENEWAL OF SCHOLARSHIP
(USE BLUE INK PEN ONLY)

1.	Name of Student	Ms/Mr.					
2.	Name of College						
3.	Name of Course (Full Form)						
4.	Name of Branch/Stream of Course (if any)						
5.	Total Duration of Course (In years)						
6.	College/Institute Joined on (Academic Year)	Month_____Year_____					
7.	Course will complete in	Month_____Year_____					
8.	He / She is continuing the course in	2nd / 3rd / 4th / 5th year. (Tick out)					
9.	Whether Student is getting any other scholarship/ stipend/ financial assistance from College/ Institute/State Govt or from any other sources/agencies. Note:- EXCLUDING PM SCHOLARSHIP AMOUNT)	(a) Write YES / NO _____ (b) If YES , then mention total getting amount of Rs._per month/ year/ semester* (*Tick appropriate) (c) Source/ Agency of Scholarship _____					
10	Student has successfully completed his/her 1st / 2nd / 3rd / 4th ((Tick out) and scored the following marks in each semesters/year without RA/Fails (Student to upload conversion formula where grades converted to marks)						
	Year	Exam Held on (Month & Year)	Result Declared on (Month & Year)	Mark sheet issued by university on (Month & Year)	Maximum Marks	Marks Obtained	Percentage
	1st Year (1st & 2nd sem)						
	2nd Year (3rd & 4th sem)						
	3rd Year (5th & 6th sem)						
	4th Year (7th & 8th sem)						

It is certified that above student has cleared all subjects in **FIRST ATTEMPT**, scored **50% and above** marks in each semester/academic year, did not **FAIL/ RA/ REPEAT** in any subject.

Date _____

Round Stamp of

Place _____

College/Institute

(Signature)#

(Rubber Stamp of signing official must be affixed)

Signature of VC/Principal/Vice Principal/Dean/Associate Dean/Registrar/Deputy Registrar/Director/Deputy Director only will be considered. `For` signature will not be accepted.

Instructions Cum Certificate from students

- Use Blue ink pen only. Do not** overwrite or use correction pen / whitener and **LEAVE ANY COLUMN BLANK** otherwise application will be rejected.
- Signature of Vice Chancellor/Principal/Vice Principal/Dean/Associate Dean/Registrar/Deputy Registrar/Director/Deputy Director only will be considered on bonafide certificate, otherwise application will be rejected.
- Student must clear each subject in all semesters/academic year in **FIRST ATTEMPT**, uninterrupted to qualify for renewal of scholarship. Any installment can be claimed within **ONE YEAR OF DECLARATION OF RESULT**.
- I have read and understood the **Check List, FAQ and Instructions** available on website www.online.ksb.gov.in. I also certify that information provided by me is correct and true to best of my knowledge. I have not forged or given any wrong information, if found, my application is liable to be rejected and I will be solely responsible for the same.
- I am also liable to **refund** the earlier scholarship amount already paid to me erroneously due to **oversight** and will not claim as a matter of right once detected subsequently for wrong selection.

(Signature of ESM)

Named of ESM/Widow _____

Date _____

(Signature of Student)

Name of Student _____

Date _____