



राष्ट्रीय खेल विश्वविद्यालय, इम्फाल, मणिपुर
(केन्द्रीय विश्वविद्यालय)
भारत सरकार, युवा कार्यक्रम एवं खेल मंत्रालय
NATIONAL SPORTS UNIVERSITY, IMPHAL, MANIPUR
(A Central University)
Government of India, Ministry of Youth Affairs and Sports



Application Form for Merit cum Means Scholarship

1. Name of the Student (as recorded in Matriculate Certificate):
2. Roll No.:
3. ID Card No.:
4. Male/Female:
5. Programme & Department:
6. Semester:
7. Results of previous 2(two) semesters:
(Attached photo copy)
8. CGPA/SGPA: (i)
(Previous two semesters) (ii)
9. Do you have any backlog in previous semester(s)? (YES/NO)
If YES, mention the details of paper and semester:
10. Category: (GEN, OBC, SC, ST, PH)
11. Your Bank A/C Details :
Name of the Bank :
A/c No. :
12. Home Phone :
Mobile No. :
E-Mail ID :
13. AADHAR Card No.:
14. Address:
15. Father's Name:
16. Father's Occupation:



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17. Whether the Applicant has availed any other Scholarship from the State Govt./ Central Govt. or any other Institute/ Agency during 20 -

If so state:

(i) Source of Award:

(ii) Value:

(iii) Duration:

18. Have you Ever been indulged in misbehavior/misconduct? (YES/NO): _____

If YES (give details):

19. Occupation of Parents:

(i) Father :

(ii) Mother :

20. Total Annual Income of Parent (both Father & Mother):

[Enclose attested copy of certificate issued by DC/DM/Collector/SDM/Revenue Circle Officer/Tehsildar or other District Authorities, as applicable)

UNDERTAKING

I hereby undertake and certify that the information provided in this form is correct and true to the best of my knowledge and belief and nothing material has been concealed. I understand that in the event of any information found false, misleading or incorrect, or ineligibility to receive the Merit cum Means Scholarship is detected during or after completion of my programme at National Sports University, Imphal, or any of the personal information in support thereof is found incorrect. I will not have any objection whatsoever against the action taken by the National Sports University, Imphal.

Student's Signature

Name:

Date:

Place:

Mobile No.:

Email ID:

Signature of Head of Department