

KARPAGAM ACADEMY OF HIGHER EDUCATION

(Deemed to be University)

(Established Under Section 3 of UGC Act, 1956)

Pollachi Main Road, Eachanari Post, Coimbatore - 641 021, Tamilnadu, India.


Phone : 0422 - 2980011 - 14, 6471113, 14 | Fax : 0422 - 2980022-23 | Email : info@karpagam.com

Government Scholarship 2016-17

BHARAT SANCHAR NIGAM LIMITED

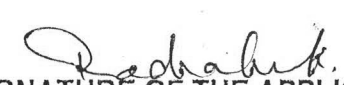
Sl.No.	Name of the Student	Programme	Amount Rs.
1	Namitha Krishna R	I BBA	5,000.00
.Total			5,000.00

Please ✓ FRESH / RENEWAL TECHNICAL / NON-TECHNICAL

1. a) Name of the Employee / Designation : K. RADHAKRISHNAN
 b) ST/Id. & HR No. : T.M. 199301766
 2. Name of Office / Unit in which working : Veerapandi Tirupur
OFFICE Id. / MOBILE No.
 3. Whether belongs to SC/ ST/ OBC : SC / ST/ OBC / No ✓
 (Proof to be attached) (if not, pl. tick "NO")
 4. Basic Pay as on 01-07-2016 : 19790/-
 5. a) Name of the Ward :
 b) Relationship : SON / DAUGHTER ✓
 6. Date of Birth (dd / mm / yy) : 16-06-1998
 7. Signature of the Student : 
 8. Name of the COLLEGE : KARPAGAM UNIVERSITY
 9. Whether the ward is already in receipt of : No
 BSNL Deptt Scholarship ? If so, details(For Renewal)
 10. Whether applying more than one ward, if so, details : -

I Radhakrishnan declare that the particulars given above are true and complete to the best of my knowledge and belief.

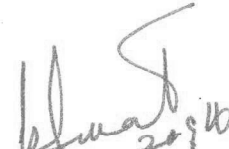
DATE : 20/09/16


 SIGNATURE OF THE APPLICANT
 (Contact No. 9486108731)

Certified the entries in col.1 to 4 have been verified and found to be correct.

SIGNATURE OF THE CONTROLLING OFFICER
 WITH SEAL (NAME AND DESIGNATION)

Certified that the entries in col. 05 to 08 have been verified and found to be correct.


 Dr. G. SEKAR
 REGISTRAR

Karpagam University
 D. Eachanari Post,
 Coimbatore - 641 021.


Date:

Signature of the Head of Institution with Seal
 (Name and Designation)

Enclosures to be submitted:

1. Proof for admission against merit quota (Xerox copy duly attested)
 2. X Std / XII Std., as the case may be, marks certificate (attested copy)

Note: Please fill up all columns without any omission / ambiguity. Please enclose the copy of community certificate (attested) copy of certificate (attested) for Physically Handicapped ward, where it is necessary, to be furnished along with the application.

Received

 21/9/2016

COURSE CERTIFICATE

Scholarship

1. Name of the Student

: NAMITHAKRISHNAN : R(16BAU020)

2. Name of the Parent

: RASHAKRISHNAN : b ~~6~~3. Course of Study & total Duration
of the CourseDegree Diploma/ITI

: B.B.A. Three Years Duration

4. Name of the College/Institution
and university to which affiliated

: KARPAGAM UNIVERSITY.

5. Date of Admission in the College

: 30-06-2016

6. Year/Semester in which the Student
is studying at present

: 1st year

7. Whether passed the previous Semester/
Annual Examination(enclose Attested Copies of Mark list)

: YES

8. Is the Student receiving any other
Financial assistance, if so, details

: NO

9. Conduct and Character of the Student : Good

10. Remarks if any

:

Place: Coimbatore

Date : 20/09/16

REGISTRAR
Karpagam University
Pollachi Main Road, Eachanari Post
Coimbatore - 641 021
Seal & Signature of the
Head of Institution/College

Note: Please attach the proof of certificate/details/mark lists (attested copy)