**BHEL SCHOLARSHIP SCHEME FOR**



**BSC NURSING STUDENTS FOR THE YEAR 2019-20**

**APPLICATION FORM**

(Last Date for Receipt of Application: **05.02.2020**)

|  |
| --- |
| **(Photograph attested by the Head of Institution)** |

(Applicant must fill in all the fields neatly hand written or typed in capital letters. If any field is not applicable to the applicant, please write **‘Not applicable’**)

**A. PERSONAL DETAILS**

1. Name …………………………………………………………………

2. Date of Birth ………………………………………………………………..

3. Present Address …………………………………………………………………

4. Nationality ………………………………………………………………..

5. Domicile of MP Yes/No

6. Sex Male/Female

7. Disability (if any please

Mention in detail) ……………………Disability % age …………………….

8. Email-ID of the applicant ……………………………………………………………………

9. Telephone No & Mobile No …………………………………………………………………..

10. Do the applicants parents

Possess a BPL (Below Poverty Line)

Card issued by Government ........................................................... (YES/NO)

11. Has any FIR ever been lodged against the Applicant ……………………………. (YES/NO)

(If yes, please provide details in a separate sheet)

**B. FAMILY DETAILS**

A. 1) Father Name ……………………………………………………………………………

2) Permanent Address & Mobile No. …………………………………………………………………………….

……………………………………………………………………………

3) Occupation …………………………………………………………………………….

B. 1) Mother Name ……………………………………………………………………………

2) Occupation …………………………………………………………………………..

C. Total Annual Income of the parents ……………………………………………………………………………

**C.** **ACADEMIC DETAILS**

1. Course Name (name of branch if any) ……………………………………………………………………………

2. Year of admission with date ……………………………………………………………………………

3. Name & Address of the

Institution ……………………………………………………………………………

……………………………………………………………………………

4. Duration of course

(No. of Year) …………………………………………………………………………..

**Signature of Candidate**

**C. EDUCATIONAL QUALIFICATIONS**



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Examination | Year of Passing | Board/University/Institution | Division Class/Grade | Percentage of Marks |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**E. REFERENCES**

The candidate is required to give two references of reputed persons other than his/her Relatives BHEL will be at liberty to refer to them regarding the candidate’s eligibility for the scholarship.

(1) Full Name ……………………………………………………………………………………………………

Occupation ……………………………………………………………………………………………………

Full address ……………………………………………………………………………………………………

And Contact no …………………………………………………………………………………………………….

…………………………………………………………………………………………………….

……………………………………………………………………………………………………

Relationship with

Candidate ………………………………………………………………………………………………….

(2) Full Name …………………………………………………………………………………………………..

Occupation ……………………………………………………………………………………………………

Full address ……………………………………………………………………………………………………

And Contact no ……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

Relationship with

Candidate ……………………………………………………………………………………………………

**Declaration**

**I, hereby declare that the above information furnished by me is true and correct in all respect.**

Signature of the Applicant ………………………………………………………………………

Full Name ……………………………………………………………………….

Place and Date ……………………………………………………………………….

**Forwarding by the Head of the Institute**



I solemnly declare that the Institute/College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is duly recognized by AICTE/Central Govt./State Govt./Association of Indian University/Medical Council of India/ Indian Nursing Council. I also declare that the above information furnished by the applicant, Ku / Kumari \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is true and correct in all respects to the best of my knowledge and available office records. I, therefore, recommend his/her candidature for the BHEL’s Scholarship Scheme for the year 2019-20.

Signature ………………………………………………………

Name ………………………………………………………

Designation ………………………………………………………

Date ………………………………………………………

Contact No ………………………………………………………

Seal of the Institute

**List of Enclosures along with Application Form**

1. Date of Birth Certificate of the Application (class-X mark sheet)

2. Residential Proof of Father (any one of Landline Telephone Bill, Electricity Bill, etc.)

3. Photo identity Proof of Candidate (any one of Driving License, Voter I-Card, Aadhar Card etc.)

4. Mark-Sheet of the candidate from Class 12th onwards.

5. Proof of Admission in the Institution (Admission letter, etc)

6. Student ID issued by the Institute

7. Latest Mark sheet duly forwarded by the Head of the institution

8. Income Proof of Parents (IT return/Form 16/ Income Certificate)

9. Domicile certificate of the Applicant

10. Disability Certificate of the Applicant (if applicable)

11. Bank Passbook Copy of the Applicant

12. Caste Certificate (if applicable)

**Office where Form is to be submitted**

To,

Manager- (HR-TAD)

Town Administration Department,

Sampada Bhawan, Hostel No.4,

Piplani, BHEL---462022

Phone No. 0755-2502775