Application form for award of H.P. University Cultural Activists Scholarship

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	Correspondence Ade	diess		Alt 1.12.0562.951			
	(With contact No.)						
5.	Permanent Address						
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7.	Monthly Income of I (From all sources)	Parents:					
3.							
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I declare that the particulars given in this application form are correct and if any of them is found false, I may be debarred from award of Scholarship. I further declare that I shall devote my full attention towards Cultural Activities of the University and take active participation in them.

	Signature of the Applicant
A. A	Place
and the first of	Dated
Please attach additional Sheet of Parti	iculars if the Space is found insufficient
List of enclosures:	
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Total Enclosures	Signature of Applicant
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Certified that Mr./Miss./Mrs	son/daughter of
Shis a bonafi	ied student of
Department studying i	n class
SemesterHe/She is an active par	ticipant in Cultural activities.
Date:	Head of the Department
Place:	
For O	Office Use Only
1. Eligible/Ineligible	
2. Total Marks awarded	