

**GOVERNMENT OF MAHARASHTRA
MINORITIES DEVELOPMENT DEPARTMENT**

DIRECOTRATE OF MEDICAL EDUCATION & RESEARCH, MUMBAI

Form of Application for Fee Reimbursement toward Health Science Courses.
for Minority Community Students (Muslim/Christan/Parsi/Buddhist/Jain/Skih)

For Office Use Only			Paste Latest Passport Size Color Photo with Signature. Do not Staple
SL. No. of Application	Year	Course	
	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
Whether approved?		Yes/No	<input style="width: 50%;" type="text"/>

1. Personal Details

a. Full Name :
(As appeared in the HSC/Equipment Examination)

b. Father's / Husband Name

c. Mother's Name

d. Domicile State : e. Nationality

f. Address for correspondence

g. Tel No. (With STD) PIN

h. E-Mail

i. Gender (M-Male/F-Female)

j. Date of Birth (D D / M M / Y Y Y Y)

k. Religion (Muslim/Christian/Parsi/Buddhist/Jain/Sikh)

2. Qualification Details (SSC Onward)

SN	Examination Passed	University/Board Instituion/Council of Examination	Year of Passing	Percentage of marks
1	SSC			
2	HSC			
3				
4				
5				

3. Total Annual Course fee in Rs. (Do not include refundable deposit)

Tuition Fee Dev. Fee OtherFee Total

Total in words : Rs. _____

4. Details of Saving Bank account of Students

a. Name of the Bank :

b. Full Address :

PIN

c. Branch Code c. A.C.No.

d. MICR No. of the Bank

5. Annual Income of Parent/Guardian of the student : Rs. _____

(Specimen form of declaration of annual income and minority status on Rs. 10/- non judicial stamp paper is given at Annexure I which is to be signed by the student and parent / Guardian of the student. In Case parent / guardian are employed income certificate from the employer may also be enclosed)

6. a. Course Name : **b. Currently Studying in :**

C. Admission on the Basis of CET (Y/N)

If yes, name of CET

7. Name of the College / Institution where, admitted

a. College Name :

b. College Address

c. Telephone no.

d. Fax No.

e. E-Mail Address :

f. Is the college / institution recognized.

(Yes / No.)

g. If yes the name of authority which has recognized the institutions :

h. to Which University / Board is affiliated :

8. Documents enclosed with the application (As per Advertisement)

i) Attested certificates of educational qualification as filled up in Sr. No. 2.

ii) Proof of Religion (Leaving Certificate / declaration on Stamp Paper) and Declaration of Family Income & Minority Community Status - affidavit on Rs. 100/- - non - judicial stamp paper and income certificate from the employer, if any

iii) Proof of permanent residence (Domicile Certificate / Ration Card / Driving License / Electricity Bill / Indian.

9. Declaration

a I hereby declare that the information given above is correct.

b I shall abide by the terms and conditions for sanction of Scholarship for Minority Students for pursuing professional Health Science Courses..

c. I undertake, if it is found that the information given by me is false or if violate the terms and conditions of the scholarship, the scholarship, sanctioned to me, may be cancelled and the entire amount of scholarship will be refunded by me or recovered from me, apart from liability for such penal action as warranted by law.

Date :

Place :

Signature of Candidate

Name (_____)

(Proforma is filled by the Institute / College Head with official seal)

10. Verification of information to be furnished by the Head of Institution / College :

It is certified that the information filled above by Shri / Smt. / Kumari _____ S/O. D/O, W/O Shri _____ who is admitted in course _____ for the academic year _____ & currently he is studying _____ in College is correct.

Date :

Place :

Signature of the Head of Institution/
College with official seal.

For details : visit www.dmer.org