

# DISTRICT MERIT SCHOLARSHIP SCHEME (FRESH)

GOVERNMENT OF KERALA

DIRECTOR OF COLLEGIATE EDUCATION, VIKAS BHAVAN, THIRUVANANTHAPURAM

Merit Award on District-wise basis to Students who secure highest marks in the S.S.C.C, Pre-Degree and Degree Examinations

APPLICATION FORM 19.....19.....

Total marks obtained

Rank No :

Register No :

Name and date of the qualifying Examinations passed (S.S.L.C, P.D.C, Degree)

Attach Photograph  
signed by the  
Principal

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1. Name and address of the student in full :
  2. Date of birth :
  3. Name of the Colleges, class and date of Admission :
  4. Name, Address and Occupation of Parent of Guardian :
  5. Name of the School/College in which the student studied with the Revenue District and University to which it is affiliated :
  6. Particulars of Examination passed [S.S.L.C/ P.D.C/Degree) True Copy of the mark list to be attached].

<i>Subject</i>	<i>Marks</i>	<i>Total</i>	<i>Minimum marks required for a pass</i>
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

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Certified that the entries made are correct.

*Principal*

7. whether the applicant is in receipt of any :  
other Scholarship/Stipend or fee concession  
in case scholarship is awarded

8. Whether willing to relinquish the above :  
scholarship /stipend/concession in case this  
Scholarship is awarded

I do here declare that the information furnished and statement made by me in this application are true

Station : .....

Name of student.

Date : .....

Signature of the student.

**To be filled up by the Principal/Head of the Institution**

Certified that Sri/Smt..... is admitted into my institution during  
19..... 19..... as regular student from.....

I have verified the entries made by the student in his/her application form and found them to be correct  
Name of Treasury through which payment is desired.

*Principal*

(Office Seal)

# DISTRICT MERIT SCHOLARSHIP SCHEME

## Joining Report

I, .....son of/daughter  
of .....joined  
.....class of .....course  
as a regular student in the .....(name of  
institution) on .....I am in  
receipt of the District Merit Scholarship since .....with  
Award No.....dated .....

*Signature of the student.*

This student is admitted to .....class  
with effect from .....and classes have  
begun from .....

Signature by the Head of the  
Institution with designation.

Date :

Place :

(Seal stamp)

Award No.....

To be filled up by student

**DIRECTOR OF COLLEGIATE EDUCATION  
District Merit Scholarship Scheme**

**APPLICATION FOR RENEWAL OF DISTRICT MERTI SCHOLARSHIPFOR 19.....19.....**

(This application should be forwarded to the Director of Collegiate Education through the Head of the Institution concerned within on month from publication or results.

1. Name of the student in full (In block letter) :
2. Class in which studied in previous year :
3. Name of the college. :
4. Name of the examination passed on last March-April. :
5. Class to which promoted during this year with date of commencement of class :
6. Whether the student was in receipt of the Scholarship during the last year :
7. Aggregate percentage of marks (True copy of mark list to be attached) :
8. Signature of the applicant. :

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**To be filled in by the Principal or by the Head of the Institution**

9. Character, Conduct and progress of the student :
10. Whether the scholar is in receipt of any other Scholarship /stipend free studentship, emoluments, etc., from any other source. If so, nature of Period and amount of such scholarship :
11. Specific recommendations of the Principal/ Head of the Institution regarding the continuance of the scholarship during this year :
12. Name of Treasury through which payment is desired :

Certified that all the entries made by the student have been verified and found correct, and I recommend the renewal of the scholarship.

Station :  
Date:

Signature of the Principal  
Head of the Institution

(Office Seal)

Designation