RENEWAL STIPEND FORM 2024-25

DIRECTORATE OF MEDICAL EDUCATION TRAINING & RESEARCH
NAHARLAGUN
ARUNACHAL PRADESH
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1.	**APPLICATION SERIAL NO.** *(Serial No. may trace from official website)*	
2.	Name of Student	
3.	Father Name	
4.	Aadhaar No.	
5.	Mobile No.	
6.	**Indian Overseas Bank / SBI A/c IFSC Code**	
7.	Stipend received during the previous year?	**If YES-** Mention year *eg. 2005, 2006* (Ex. 2005 / Ex.2006 / Ex. 2007 / Ex.2008) **If NO –** Mentioned the lapse year for claiming the stipend. (Ex. 2005 / Ex.2006 / Ex. 2007 / Ex.2008)

8. Have you applied in NSP (National Scholarship Portal) for the session 2024 ?
*. If YES provide Registration No…… (leave blank if not applied)
*. Which scheme you have applied in NSP (mentioned the scheme name):……
……

DETAILS TO BE FILLED BY UNIVERSITY / COLLEGE (OFFICE USE)

Name of University / College /	
Postal address of College / University	
Name of student	
First Year Admission Date *(Date of admission in first year)*	……/……/…….
Present Academic Admission Date *(1st year / 2nd year / 3rd year / 4th year)*	……/……/……. (……year)
Name of degree / Course	
Duration of degree study	(…… Years)
Name of Principal/ Dean / Director	

Signature / Date **Official University / College stamp**

Document Attached: *(Tick All)*	**Aadhaar Card**	**Bona fide Certificate / Current Admission copy**	**Bank Account copy**

ACKNOWLEDGEMENT

1. Name of applicant: ……
2. Date of receipt: ……

Signature

Note: *All data will be share in NSP, so fill wisely.*