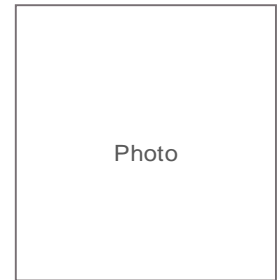




SHARDA
UNIVERSITY
Beyond Boundaries



Application Form for Scholarship

| | |
|---------------------|---------------------|
| For Office Use Only | Admission No.:..... |
| Enquiry ID | |

Course Applying For:

| | | |
|----------------------|----------------------|----------------------|
| Preference 1: | Preference 2: | Preference 3: |
| | | |

| | | | |
|--|--------------|--|---|
| Full Name (in capital): (As in High School/Secondary School Certificate): | | | |
| Date of Birth: | Birth Place: | Gender: M / F | |
| Nationality: | | Household Income (Per Annum \$): | |
| Passport or Citizenship Number: | | Passport Valid Until: | |
| Permanent Address: City: State: | | Mobile Number: | |
| Country: ZIP/Postal Code: | | WhatsApp Number: | |
| Email ID: | | | |
| Any gap in Academic Year: | Yes | No | Number of Years: |
| English Proficiency Exam: | Yes | No | Reason: |
| Recommendation Letter: | Yes | No | If yes, please mention name of exam and score/band: |
| | | | If yes, please attach it as annexure with this form |

Educational Qualifications:

Secondary Standard/O Level:

| Name of the School: | | Board /University: | |
|---------------------|----------|----------------------|------------------------------|
| City/Country: | | Year of Passing: | |
| S.no | Subjects | Marks/Grade Obtained | Maximum Marks/Grade Possible |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| Total (In %Grade) | | | |

Higher Secondary Standard/A Level:

| | | | |
|----------------------------|-----------------|-----------------------------|-------------------------------------|
| Name of the School: | | Board /University: | |
| City/Country: | | Year of Passing: | |
| S.no | Subjects | Marks/Grade Obtained | Maximum Marks/Grade Possible |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| Total (In %Grade) | | | |

Graduation/Bachelor:

| | |
|-----------------------------|---------------------------|
| Name of the College: | Board /University: |
| City/Country: | Year of Passing: |
| Name of Degree: | Total (In %Grade) |

Post-Graduation/Master:

| | |
|---------------------------------------|---------------------------|
| Name of the College: | Board /University: |
| City/Country: | Year of Passing: |
| Name of Degree/Specialization: | Total (In %Grade) |

Declaration by Student:

I do hereby declare that the information given is true and correct. I undertake that I will not associate/involve myself with/in any lawful activity. I undertake that I will neither smoke nor consume alcohol, drugs or any other intoxicant, within University/Hostel premises. I certify that I have never been debarred from appearing in nay examination. I also declare that there are no criminal proceedings against me. I fully understand and undertake that I will attend all the classes as per University time table, and that I will not be allowed to appear in the exam. in case my a«endance falls below 75% level. I undertake that I will submit my final result before last date of admission failing which I will have no claim whatsoever and the University may cancel my admission. I also clearly understand that if I am found to be directly/indirectly involved in any case of ragging at any stage of my stay in the University/Hostel, the university will have right to expel me form the University and the hostel, and register a criminal cade against me, as per the direction of Honorable Supreme Court of India. In case of dispute, the decision of the Registrar, Sharda Univemity shall be final and binding. I have read and understood the rules of discipline of the University and shall abide by them. I also fully understand that in case of any violation, i can be detained, rusticated, or expelled from the University.

Date

Place

Signature of Student

Declaration by Parent:

I Parent/Guardian, do hereby declare that the information given is true and correct. I stand guarantee for good conduct of my ward during the course of his/her study in the University/Hostel. I authorize the University to initiate disciplinary action against my ward for violation of any of the rules and regulation. I also promise to compensate the damages may be caused by my ward due to his/her misconduct. I also promise to pay the fee as per the instructions issued to me through notice, failing which an appropriate penalty may be imposed by the University.

Date

Place

Signature of Parent