

National Means-cum-Merit Scholarship Scheme, Himachal Pradesh

Claim Bill Performa

1. a) Name of the Candidate (In BLOCK LETTERS) b) Father's Name c) Date of Birth d) Category e) AADHAR No. of student f) Mobile No. of student/Father/Mother	_____ _____ _____ General/SC/ST/PHC _____ _____
2. a) Year of Selection b) Roll No. c) Reference/file No. , if any, issued by State	_____ _____ _____
3. Class and year for which Claim Bill is submitted	Class _____ Year of Claim _____
4. a) Name and address of the School in which he/she is presently studying (In BLOCK LETTERS) b) Phone No. /Email Id. c) UDISE Code of School	_____ _____ Pin _____ Email Id _____ _____
5. Marks obtained in the previous year examination (Attach photocopy of Mark sheet)	Year of Examination _____ Total Marks Obtained _____ Max. Marks _____ % age of Marks Obtained _____
6. a) Postal Address for Correspondence b) Phone No./Mobile No. of Principal/H.M. in School	_____ _____ _____ Pin _____ _____
7. a) Rate of Scholarship per month b) No. of months for which Scholarship is claimed c) Total amount	Rs. _____ Months _____ Amount (in figures): _____ (In words): _____
8. Details of any other Scholarship /adhoc grant received : Name of Scholarship Name of the awarding Authority Amount	_____ _____ _____
9. Details of Bank (Preferably SBI with ECS facility) a) Name of the Bank b) Branch Name c) Bank Account Number seeded with AADHAR d) IFSC Code	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;"> Attach Photocopy of the Bank Account Pass Book </div> _____ _____ _____ _____
10. Certified that <ul style="list-style-type: none"> Amount for the above mentioned claim year (Item 3) has not been claimed before. I have verified all the entries and there is no error in it. I am fully responsible for the error, if any. 	
Signature of the Awardee _____ Signature of Parent/Guardian _____	
Certified that Master/Ms. _____ is a bonafide student of _____ _____ since _____ and that particulars furnished by him/her are correct.	
Signature of the Principal/Head of Institution with Seal	
ADVANCE RECEIPT	
Received a sum of Rs. _____ (Rupees _____) from SCERT HP towards the Scholarship for the period from _____ to _____ under the National Means-cum-Merit Scholarship Scheme.	
Signature of the Awardee (on revenue stamp)	
NB: 1. In case of advance receipt, please fill the amount for total period not exceeding 12 months i.e. Rs. 6000/- for the year of students November, 2015 and Rs. 12000/- for the students November, 2016 onwards. 2. The claim bill is to be submitted for each class separately.	

(NOTE: this specimen copy may be photocopied for the student's use.)