National Means-cum-Merit Scholarship Scheme

State: Himachal Pradesh

Claim Bill Performa (Fill -up the form and get it signed by the Principal/Headmaster of the School where studying)

1. a) Name of the Candidate (In BLOCK LETTERS)	
b) Father's Name	
c) Date of Birth	
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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 studying/studied in the year of	
claim (In BLOCK LETTERS)	Pin
b) Phone No. /Email Id.	
5. Marks obtained in the previous year examination	Year of Examination
(Attach photocopy of Mark sheet)	Total Marks Obtained Max. Marks
	% age of Marks Obtained
6. a) Postal Address for Correspondence	
	Pin
b) Phone/Mobile No.	
7. a) Rate of Scholarship per month	Rs
b) No. of months for which Scholarship is claimed	Months
c) Total amount	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 Attach Photocopy of	
b) Branch Name the Bank Account	
c) Bank Account Number Pass Book	
d) IFSC Code	
10. Certified that	
 Amount for the above mentioned claim year (I 	tem 3) has not been claimed before.
 I have verified all the entries and there is no er 	ror in it. I am fully responsible for the error, if any.
Signature of the Awardee	Signature of Parent/Guardian
Certified that Master/Msand that partic	is a bonafide student of
sinceand that partic	ulars furnished by him/her are correct.
	Signature of the Principal/Head of Institution with Seal
ADVANCE RECEIPT	
Received a sum of Rs (Rupees towards the Scholarship for the period from) 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. Scholarship will commence from July. It will be paid for maximum of 12 months or period of course whichever is minimum.	
In case of advance receipt, please fill the amount for total period not exceeding 12 months. The claim bill is to be submitted for each class separately.	