

**YEAR 2017-18 APPLICATION FORM
(FOR INCLUSION OF OUT OF STATE INSTITUTES IN U.P. SCHOLARSHIP
MASTER DATA)**

1. Name of institute & Address (With Pincode)
2. Name of state & District (where institute is situated)
3. Duration of recognition
- A. Name & post of competent department for recognition
- B. Letter No. of recognition..... Date.....
4. Type of institute :-Govt/Aided.....
5. Courses run by institute & its fees Structure

Sr.no.	Name of course	Type of course(regular /self finance)	Fees Fixed by Competent authority	Letter No. Of recognition letter & date
1				
2				
3				
Other				

6. Name & address of university & Institute (where institute attached).....
Letter No and date for affiliation

7. Statement about sanction seat in institute (academic year 2017-18)

Sr.no.	Name of course	Type of course(regular /self finance)	Total Sanction Seats	Letter No. Of recognition letter & date
1				
2				
3				
Other				

8. A. E-maill address of institute & Land line No.....
Mob. No.....
- B. Website address.....
- C. Name of nodal officer of institute for scholarship.....
- D. Nodal officer - Designation & Mob. No.....

9. Statement about total students of ur own state & up state course wise admitted in institute (academic year 2016-17) :-

SC	ST	GENRAL	OBC	MINORITY	TOTAL

10. Inspections of Uttar Pradesh Govt. officials if any please provide-

Sign
Head of Institution (Name & designation with seal)

- 1- Attested copy of recognition Certificates of institute.
- 2- Attested copies of courses recognition Certificates.
- 3- Attested copies of fees fixation letters from competent authority.
- 4- Attested copies of course wise seats approval letters.
- 5 - Attested copies of affiliation Certificates.

Note:- Please send your all information for inclusion in U.P. Scholarship Master data by registered/ speed post to DIRECTOR, SOCIAL WELFARE, 3- PRAG NARAYAN ROAD (KALYAN BHAWAN) LUCKNOW .U.P. PIN CODE - 226001 & at E-mail address dd.dir3.sw@ dirsamajkalyan.in