

PART-II

INSTITUTE VERIFICATION FORM

(To be Signed by the Head of the Institution)

1. The Applicant studying in Class _____ during the Academic Year **2015-16**.
2. The applicant Sri/Smt. _____ has passed the last Examination in Class _____ and obtained _____ %/CGPA marks. *(Enclosed copy of Mark-sheet).*
3. The applicant belongs to SC/ST/OBC *(Enclosed copy of SC/ST/OBC certificate)*
4. The Annual Family Income of the applicant is Rs. _____ (Rupees _____ only). *(Copy of Family Income certificate issued by SDM/DCM in case of family member not in Govt. Service and in case of family member is in Govt. Service, Salary Certificate must be enclosed)*
5. (i) Whether the applicant stays in Hostel or not ? **Yes/No**
(ii) The Distance of the applicant's Permanent Residence from the Educational Institution is approximately _ _ _ _ KM.

Date :

Place:

**(Name, Signature & Official Seal
of the Head of the Institution)**