



2
SASTRA UNIVERSITY
[A University under Section 3 of the UGC Act, 1956]
Tirumalaisamudram, Thanjavur - 613 401

HOSTEL STUDENT SCHOLARSHIP FORM

Name of the Student					
Regd. No		Year of study			
Branch of study		Current CGPA			
Overall class room attendance %	Odd Semester	%	Even Semester	%	
Name of the Father		Name of the Mother			
Name of the Guardian in case both parent are not alive.			Guardian's annual income Rs.		
Father's Occupation		Mother's Occupation			
Father's Annual Income Rs.		Mother's Annual Income Rs.			
Name of the Hostel		Room Number			
No. of permission availed in the Odd Semester		No. of permission availed in the Even Semester			

I hereby certify that the above information provided by me is true and correct. If information submitted is found to be false, I am aware that disciplinary action will be taken against me.

Date		Signature of the student		
Recommended by		Sign : Name: Dean, School of	Sign: Dr. Har Narayan Upadhyay/ Dr. P. Shanthi	
Approved by		Registrar		

Note: Respective Dean to recommend the students' name for the scholarship based on discipline and other academic parameters. Student's Home incharge should ensure that the student has not violated any Hostel Rules and Regulations. Registrar's Office has to ensure the student's CGPA, attendance particulars and other required data.