

**RIPSAT-STIPEND FORMAT**

**GOVERNMENT OF TRIPURA**  
**REGIONAL INSTITUTE OF PHARMACEUTICAL SCIENCE & TECHNOLOGY (RIPSAT)**  
**ABHOYNAGAR--AGARTALA- 799005.TRIPURA.**

#1. ONLY FOR RIPSAT STUDENTS- RESIDING IN TRIPURA, WHO ARE NOT GETTING SCHOLARSHIP FROM ANY OTHER SOURCES i.e. ANY KIND OF POST MATRIC SCHOLARSHIP/ AWARD ETC. FROM THE STATE GOVT./ GOVT. OF INDIA, AS PER HIGHER EDUCATION DEPARTMENT, GOVT. OF TRIPURA STIPEND RULES/SCHEME FOR HIGHER STUDY OF DIPLOMA & DEGREE COURSES (Technical).  
 #2. ONE STUDENT CAN GET ONLY ONE STIPEND IN AN ACADEMIC YEAR; BASED ON WHICH, THE SANCTION WILL BE MADE.

**STIPEND-APPLICATION FORM**

1.	Full Name (in Block Letters) with Mobile No. & Email address	
2.	Father's & Mother's name	
3.	Date of birth.	
4.	Nationality	
5.	State of Origin- TRIPURA	<u>YES/NO.</u>
6.	Caste (General/S.C./S.T./OBC/ Minority/PH)	
7.	Religion	
8.a.	Permanent (Home) address (In block letters-with mobile number) PRTC certificate to be attached.	
b.	Present Address:- (if different from permanent address)	
9.	Annual Income(Parents) (for Employee-DDO, Others-SDM/DC certificate original to be attached)	
10.	<b>Particulars of the Institution admission details</b>	
a.	Admission date in this Institute in 1 <sup>st</sup> semester B. Pharm/1 <sup>st</sup> year D. Pharm.	
b.	Course Name	
c.	Academic session	
d.	Date of commencement of session	
e.	No. of years required for the completion of the said course and expected year of completion.	
f.	Presently in which year studying With academic session	
g.	Presently you are a Regular/Spl./back year- student. (Regular students should cover 75% attendance in their classes)	
11.a.	Stipend applying for the Academic session.(if any due previously, may be mentioned academic year-wise)	
b.	Earlier stipend received or not ( if yes, mention the amount & academic year)	
12.	Day Scholar/ Hosteller (if Hosteller, name the hostel & address with date of joined)(evidence to be attached)	

13. Particulars of Educational career (Mark sheets to be attached)					
Name of the examination	Board/ University name	Year of passing	Div./class /Grade/Qualify.	Roll No.	Remarks
14. <b>Beneficiary details:-</b> Beneficiary ID No.:- (if available, no need to fill up this points. i.e. Sl. No.14).					
a.	AADHAAR NO.				
b.	PAN CARD NO.(if available)				
c.	BANK NAME & BRANCH				
d.	Bank account no. with type				
e.	MICR CODE				
f.	IFSC CODE				
g.	Whether bank account is linked with Aadhaar		<u>Yes/ No.</u>		
h.	If any, other information				
15.	Whether student is drawing any other stipend now:-			<u>Yes</u>	<u>No</u>

I, \_\_\_\_\_ hereby declared that the statement made by me in this application form are true to best of my knowledge and belief. I further agree to abide by the terms and conditions of the award if I am selected for stipends applied for.

Date:-

\_\_\_\_\_  
Signature of the applicant.

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(FOR OFFICE USE)

Certified that the above declaration given by the applicant is found correct and Stipend may be sanctioned for the academic year \_\_\_\_\_ amounting of Rs. \_\_\_\_\_.

Date:-

\_\_\_\_\_  
Signature of Dealing /Academic section.

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The said Stipend amount is granted / not granted.(reason to be given)

Date:-

\_\_\_\_\_  
Signature of HOD/Principal, RIPSAT. Agartala.

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