(217)

FORM FOR GRANT OF ADDITIONAL SCHOARSHIP

	*	
1.	Name of Nicobarese student	SHAHNAZ.
2.	Age	18 yrs.
3.	Sex	FEMALE.
4.	Father's Name	SHRI HUSSAIN.
5.	Name of village	SAWAI VILL CIN.
6.	Name of Island	CARNICOBAR.
7.	Name of College	J.N.R.M COLLEGE
8.	Class	B.A. IST YEAR.
9.	Main subject	B.A POLITICAL SCIENCE
10.	Whether getting any scholarship from Govt. College (Tick Mark)	: Yes/No
11.	If yes, amount of Scholarship per month.	650/- (Hostel Stipens)
1		mi shraz.

Hod, PA, Seria

Countersigned.

Signature of Student.

ज. में. पार्म. / J. N. R. M. पोर्ट क्रीयर / Pon Blair.