

FORM FOR GRANT OF ADDITIONAL SCHOLARSHIP

1. Name of Nicobarese student JUSTINA
2. Age 20 yrs.
3. Sex FEMALE
4. Father's Name SHRI LATE BARTHOLOMA
5. Name of village MALACKA VILL.
6. Name of Island CAR NICOBAR
7. Name of College J.N.R.M
8. Class B.A. I yr.
9. Main subject B.A. HISTORY
10. Whether getting any scholarship from Govt. College (Tick Mark) : ☒ Yes ☒ No
11. If yes, amount of Scholarship per month. 650/-

[Signature]

Signature of Student.

Countersigned.

[Signature]
Lecturer
Jawahar Lal Nehru
Baitke, J. N. R. M. Dyalaya
Port Blair

[Signature]
Principal
ज. ने. रा. म. / J. N. R. M.
पोर्ट ब्लेयर / Port Blair