



Manoharbai Shikshan Prasarak Mandal Armori's
Rashtrapita Mahatma Gandhi Arts & Science College,
Nagbhid, Dist-Chandrapur - 441 205

Accredited by NAAC 'B' Grade
(Affiliated to Gondwana University, Gadchiroli)
www.rmgcollegenagbhid.in



APPLICATION FOR FINANCIAL ASSISTANCE

1. Name of Student (In Block Letters) : MR. VINOD KHATU SAMARTH
2. Corresponding Address : vinod
3. Permanent Address : Naukhala Nagbhid
4. Aadhar Card Number : 511310376359
5. Contact Number : 8459971237
6. E Mail Id : vinodsamarth121@gmail.com
7. Class : Bsc - II
8. Annual Income : 27,000/-
9. Reason for Applying : Higher Education Medical Problem Personal
10. Give Details (For Higher Education) (Enclosed the supporting Documents)
Admitted Institute : _____
Date of Admission : _____
Exam Cleared : _____
11. Give Details (For Medical Problem) (Enclosed the supporting Documents)
Name of Patient : _____
Relation with Patient : _____
Admitted Hospital : _____
Address of Hospital : _____
Date of Admission : _____
Date of Birth of Patient : _____
Age of Patient : _____
Period of Treatment : From _____ To _____
Number of Bills : _____
Total Amount : _____

12. Student Bank Details

Name of Account Holder : _____
Name of Bank : _____
Address of Bank : _____
Account Number : _____
IFSC Code : _____
MICR Code : _____

Place:

Date:

V.K. Samant
Signature of Applicant

CERTIFICATE BY THE HEAD OF INSTITUTION WHERE STUDENT IS STUDING

This is to certify that, Mr. / Ku. _____ is a bonafide student of our institution. During current year he / she is studding in class _____ and as per our record his / her date of birth is _____. He / she based a good character.

Place:

Date:

Signature & Seal of Head of Institution



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APPLICATION FOR FINANCIAL ASSISTANCE

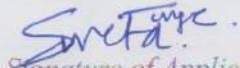
1. Name of Student (In Block Letters) : SNETA DIGAMBAR TONGE
2. Corresponding Address : —
3. Permanent Address : Near Kamadi furniture mart Nagbhid 441205
4. Aadhar Card Number : 578326184487
5. Contact Number : 9763955233
6. E Mail Id : shwetatonge24@gmail.com
7. Class : B.Sc. sem. V
8. Annual Income : 45,000/-
9. Reason for Applying : Higher Education Medical Problem Personal
10. Give Details (For Higher Education) (Enclosed the supporting Documents)
 - Admitted Institute : _____
 - Date of Admission : _____
 - Exam Cleared : _____
11. Give Details (For Medical Problem) (Enclosed the supporting Documents)
 - Name of Patient : _____
 - Relation with Patient : _____
 - Admitted Hospital : _____
 - Address of Hospital : _____
 - Date of Admission : _____
 - Date of Birth of Patient : _____
 - Age of Patient : _____
 - Period of Treatment : From _____ To _____
 - Number of Bills : _____
 - Total Amount : _____

12. Student Bank Details

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Signature of Applicant

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1. Name of Student (In Block Letters) : BHAGYASHRI PREMDAS SIDAM
2. Corresponding Address : _____
3. Permanent Address : RENGATUR , NAGBHID
4. Aadhar Card Number : 973462341000
5. Contact Number : 8007569631
6. E Mail Id : bhagyashrisidam 750@gmail.com
7. Class : B.Sc. sem VI
8. Annual Income : 23,000/-
9. Reason for Applying : Higher Education Medical Problem Personal
10. Give Details (For Higher Education) (Enclosed the supporting Documents)
- Admitted Institute : _____
- Date of Admission : _____
- Exam Cleared : _____
11. Give Details (For Medical Problem) (Enclosed the supporting Documents)
- Name of Patient : _____
- Relation with Patient : _____
- Admitted Hospital : _____
- Address of Hospital : _____
- Date of Admission : _____
- Date of Birth of Patient : _____
- Age of Patient : _____
- Period of Treatment : From _____ To _____
- Number of Bills : _____
- Total Amount : _____

12. Student Bank Details

Name of Account Holder : _____
Name of Bank : _____
Address of Bank : _____
Account Number : _____
IFSC Code : _____
MICR Code : _____

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Date: _____


Signature of Applicant

CERTIFICATE BY THE HEAD OF INSTITUTION WHERE STUDENT IS STUDING

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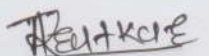
- Name of Student : MAYUR ABHIMANYU AMRUTKAR
(In Block Letters)
1. Name of Student : MAYUR ABHIMANYU AMRUTKAR
(In Block Letters)
2. Corresponding Address : _____
3. Permanent Address : BHAWATSINER CHOUK NAGBHID
4. Aadhar Card Number : 882181066202
5. Contact Number : 9823347828
6. E Mail Id : _____
7. Class : B.SC SEM. 05
8. Annual Income : _____
9. Reason for Applying : Higher Education Medical Problem Personal
10. Give Details (For Higher Education) (Enclosed the supporting Documents)
- Admitted Institute : _____
- Date of Admission : _____
- Exam Cleared : _____
11. Give Details (For Medical Problem) (Enclosed the supporting Documents)
- Name of Patient : _____
- Relation with Patient : _____
- Admitted Hospital : _____
- Address of Hospital : _____
- Date of Admission : _____
- Date of Birth of Patient : _____
- Age of Patient : _____
- Period of Treatment : From _____ To _____
- Number of Bills : _____
- Total Amount : _____

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Name of Bank : _____
Address of Bank : _____
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Signature of Applicant

CERTIFICATE BY THE HEAD OF INSTITUTION WHERE STUDENT IS STUDING

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APPLICATION FOR FINANCIAL ASSISTANCE

1. Name of Student (In Block Letters) : KARTIK TULSHIDAS SATPAISE
2. Corresponding Address : _____
3. Permanent Address : NAWKHALA, NAGBHID
4. Aadhar Card Number : 552741517663
5. Contact Number : 7798599733
6. E Mail Id : kartiksatpaise111@gmail.com
7. Class : B.Sc. - I
8. Annual Income : 30,000/-
9. Reason for Applying : Higher Education Medical Problem Personal
10. Give Details (For Higher Education) (Enclosed the supporting Documents)
- Admitted Institute : _____
- Date of Admission : _____
- Exam Cleared : _____
11. Give Details (For Medical Problem) (Enclosed the supporting Documents)
- Name of Patient : _____
- Relation with Patient : _____
- Admitted Hospital : _____
- Address of Hospital : _____
- Date of Admission : _____
- Date of Birth of Patient : _____
- Age of Patient : _____
- Period of Treatment : From _____ To _____
- Number of Bills : _____
- Total Amount : _____

12. Student Bank Details

Name of Account Holder : _____
Name of Bank : _____
Address of Bank : _____
Account Number : _____
IFSC Code : _____
MICR Code : _____

Place: _____

Date: _____

KATINJUPISE.
Signature of Applicant

CERTIFICATE BY THE HEAD OF INSTITUTION WHERE STUDENT IS STUDING

This is to certify that, Mr. / Ku. _____ is a bonafide student of our institution. During current year he / she is studding in class _____ and as per our record his / her date of birth is _____. He / she based a good character.

Place: _____

Date: _____

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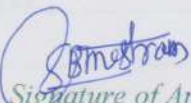
1. Name of Student (In Block Letters) : SUNIL BALKRUSHNA MESHARAM
2. Corresponding Address : At. po. Kotgaon Ta. Nagbhid
Dist. Chandrapur
3. Permanent Address : At. po. Kotgaon Ta. Nagbhid
Dist. Chandrapur
4. Aadhar Card Number : _____
5. Contact Number : 9850812329
6. E Mail Id : meshramSunil02@gmail.com
7. Class : _____
8. Annual Income : 24,000/-
9. Reason for Applying : Higher Education Medical Problem Personal
10. Give Details (For Higher Education) (Enclosed the supporting Documents)
Admitted Institute : _____
Date of Admission : _____
Exam Cleared : _____
11. Give Details (For Medical Problem) (Enclosed the supporting Documents)
Name of Patient : _____
Relation with Patient : _____
Admitted Hospital : _____
Address of Hospital : _____
Date of Admission : _____
Date of Birth of Patient : _____
Age of Patient : _____
Period of Treatment : From _____ To _____
Number of Bills : _____
Total Amount : _____

12. Student Bank Details

Name of Account Holder : _____
Name of Bank : _____
Address of Bank : _____
Account Number : _____
IFSC Code : _____
MICR Code : _____

Place: _____

Date: _____


Signature of Applicant

CERTIFICATE BY THE HEAD OF INSTITUTION WHERE STUDENT IS STUDING

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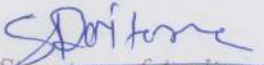
1. Name of Student (In Block Letters) : Ms. SHEHADIP MANIK DOLHARE
2. Corresponding Address : _____
3. Permanent Address : At post. Tukum, Nagbhid.
4. Aadhar Card Number : 670712535310
5. Contact Number : 8698212349
6. E Mail Id : snehdipdolhare20@gmail.com
7. Class : B.Sc. - III
8. Annual Income : 25,000 / -
9. Reason for Applying : Higher Education Medical Problem Personal
10. Give Details (For Higher Education) (Enclosed the supporting Documents)
Admitted Institute : _____
Date of Admission : _____
Exam Cleared : _____
11. Give Details (For Medical Problem) (Enclosed the supporting Documents)
Name of Patient : _____
Relation with Patient : _____
Admitted Hospital : _____
Address of Hospital : _____
Date of Admission : _____
Date of Birth of Patient : _____
Age of Patient : _____
Period of Treatment : From _____ To _____
Number of Bills : _____
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MICR Code : _____

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Signature of Applicant

CERTIFICATE BY THE HEAD OF INSTITUTION WHERE STUDENT IS STUDING

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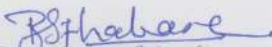
1. Name of Student (In Block Letters) : BHAVESH SHANKAR THAKARE
2. Corresponding Address : _____
3. Permanent Address : Nawkhala
4. Aadhar Card Number : 712953301685
5. Contact Number : 9145792547
6. E Mail Id : bhaveshthakare1999@gmail.com
7. Class : Bsc - III
8. Annual Income : 25,000/-
9. Reason for Applying : Higher Education Medical Problem Personal
10. Give Details (For Higher Education) (Enclosed the supporting Documents)
Admitted Institute : _____
Date of Admission : _____
Exam Cleared : _____
11. Give Details (For Medical Problem) (Enclosed the supporting Documents)
Name of Patient : _____
Relation with Patient : _____
Admitted Hospital : _____
Address of Hospital : _____
Date of Admission : _____
Date of Birth of Patient : _____
Age of Patient : _____
Period of Treatment : From _____ To _____
Number of Bills : _____
Total Amount : _____

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Name of Bank : _____
Address of Bank : _____
Account Number : _____
IFSC Code : _____
MICR Code : _____

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Signature of Applicant

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APPLICATION FOR FINANCIAL ASSISTANCE

1. Name of Student (In Block Letters) : KALYANI RAJESHWAR MUNGHATE
2. Corresponding Address : _____
3. Permanent Address : Mindala
4. Aadhar Card Number : 958252 952552 169253
5. Contact Number : 7066801363
6. E Mail Id : munghatekalyani@gmail.com
7. Class : Bsc - III
8. Annual Income : 23,000/-
9. Reason for Applying : Higher Education Medical Problem Personal
10. Give Details (For Higher Education) (Enclosed the supporting Documents)
Admitted Institute : _____
Date of Admission : _____
Exam Cleared : _____
11. Give Details (For Medical Problem) (Enclosed the supporting Documents)
Name of Patient : _____
Relation with Patient : _____
Admitted Hospital : _____
Address of Hospital : _____
Date of Admission : _____
Date of Birth of Patient : _____
Age of Patient : _____
Period of Treatment : From _____ To _____
Number of Bills : _____
Total Amount : _____

12. Student Bank Details

Name of Account Holder : _____
Name of Bank : _____
Address of Bank : _____
Account Number : _____
IFSC Code : _____
MICR Code : _____

Place:

Date:

K.R. Mungheer
Signature of Applicant

CERTIFICATE BY THE HEAD OF INSTITUTION WHERE STUDENT IS STUDING

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APPLICATION FOR FINANCIAL ASSISTANCE

1. Name of Student (In Block Letters) : AKATIK RITIL GADEKAR
2. Corresponding Address : _____
3. Permanent Address : Talodhi
4. Aadhar Card Number : 743012750577
5. Contact Number : 9075707697
6. E Mail Id : _____
7. Class : Bsc - III
8. Annual Income : _____
9. Reason for Applying : Higher Education Medical Problem Personal
10. Give Details (For Higher Education) (Enclosed the supporting Documents)
Admitted Institute : _____
Date of Admission : _____
Exam Cleared : _____
11. Give Details (For Medical Problem) (Enclosed the supporting Documents)
Name of Patient : _____
Relation with Patient : _____
Admitted Hospital : _____
Address of Hospital : _____
Date of Admission : _____
Date of Birth of Patient : _____
Age of Patient : _____
Period of Treatment : From _____ To _____
Number of Bills : _____
Total Amount : _____

12. Student Bank Details

Name of Account Holder : _____
Name of Bank : _____
Address of Bank : _____
Account Number : _____
IFSC Code : _____
MICR Code : _____

Place:

Date:

K. Badiker
Signature of Applicant

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Place:

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