

कार्यालय जिला समान परीक्षा योजना (माध्यमिक शिक्षा) श्रीगंगानगर  
केन्द्र : राजकीय उच्च माध्यमिक विद्यालय, श्रीगंगानगर

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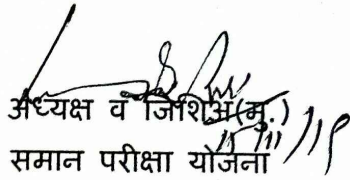
क्रमांक : जिसपयो/मा/गंगा/2019-20/69

दिनांक 15/11/19

श्रीमान मुख्य ब्लॉक शिक्षा अधिकारी  
समस्त ब्लॉक, जिला-श्री गंगानगर

विषय: एन.एम.एम.एस. परीक्षा क्लेम "फ्रेश व रिन्यूअल" आवेदन के क्रम में ।


विषयान्तर्गत लेख है कि एन.एम.एम.एस. परीक्षा में चयनित अभ्यर्थियों के ऑनलाइन क्लेम "फ्रेश व रिन्यूअल" आवेदन एन.एस.पी. पोर्टल पर दिनांक 15-11-19 तक किया जाना है किसी प्रकार की तकनीकी समस्या के कारण जिन विद्यार्थियों के ऑनलाइन क्लेम आवेदन नहीं हुए हैं अथवा गत वर्षों में ऑफलाइन क्लेम आवेदन वाले विद्यार्थियों के ऑफलाइन क्लेम पत्र के साथ संलग्न प्रपत्र में समस्त दस्तावेजों सहित आज ही इस कार्यालय में जमा करवाना सुनिश्चित करें ।

  
अध्यक्ष व जिशिअ(मु.)  
समान परीक्षा योजना  
मा.शि., श्री गंगानगर

प्रतिलिपि:

69  
15/11/19

1. संस्था प्रधान, समस्त राउमावि/रामावि, श्री गंगानगर।
2. रक्षित पत्रावली ।

  
अध्यक्ष व जिशिअ(मु.)  
समान परीक्षा योजना  
मा.शि., श्री गंगानगर

# National Means-cum-Merit Scholarship Scheme

## State Rajasthan

### *Claim Bill Performa for Payment of Scholarship*

1. Scholarship is paid in advance at the beginning of the session.
2. Fill the form and get it signed from the Principal of your School where you are studying and submit it to the District Education Officers (Secondary).

|  |  |
|--|--|
| 1. Name of the Candidate :<br>(in block letters)   |  |
| 2. (a) Year of Selection :<br>(b) State/Roll No. :<br>(c) Reference/File Number, if any, issued by State   | <hr/> <hr/> <hr/> <div style="text-align: center;">/ /</div>   |
| 3. Class and Year for which claim bill is submitted.   | Class _____ Year of claim _____  |
| 4. Name and Address of the School/College in which he/she is studying/studied in the year for which claim bill is being submitted (in capital letters) | <hr/> <hr/> <hr/> <div style="text-align: right;">Pin _____</div>  |
| 5. Marks obtained in the previous year Annual Examination (In Main 6 Subjects)<br>(Attach photocopy of mark sheet)                                     | Year of examination _____<br>Total marks obtained _____, Maximum marks _____<br>Percentage of obtained Marks _____ |
| 6. Postal Address for Correspondence   | <hr/> <hr/> <hr/> <div style="text-align: right;">Pin _____</div>  |
| 7. (i) Rate of scholarship per month<br>(ii) Number of the months for which the scholarship is claimed.<br>(iii) Total amount                          | Rs. : _____<br>Months : _____<br>Amount (in figures) : _____<br>(in words) : _____                                 |
| 8. Details of any Other scholarship/ad hoc grant received<br>- Name of scholarship<br>- Name of the awarding authority<br>- Amount                     |  |

|   |  |
|---|--|
| <b>9. Details of Bank Account</b><br>- SBI Core Bank Account Number<br>OR   | SBI Core Banking Account No. _____<br>SBI Branch Code _____ City _____           |
| - Electronic Clearance Facility (ECS)<br>(The SBI does not have core banking facility<br>or the city does not have SBI) | Bank Account No. _____<br>Name of the Bank _____<br>Branch Code _____ City _____ |

10. Certified that

- the amount for the above mentioned claim year (item 3) has not been claimed before.
- I have verified all the entries and there is no error in it. I am fully responsible for the error, if any.

|   |  |
|---|--|
| <i>Photocopy of the bank account giving account number, name of bank, branch code is enclosed</i> | Signature of Awardee _____<br>Signature of Parent/Guardian _____ |
|---|--|

Certified that Master/Ms \_\_\_\_\_ is a bonafide student of \_\_\_\_\_ since \_\_\_\_\_ and that particulars furnished by him/her are correct.

Signature of Principal/Head of Institution with Seal

### ADVANCE RECEIPT

Received a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) from the State/UT \_\_\_\_\_ towards the scholarship for the period from \_\_\_\_\_ to \_\_\_\_\_ under the National Means-cum-Merit Scholarship Scheme.

Signature of the Awardee  
(on Revenue Stamp)

- NB :**
1. Scholarship will commence from July. It will be paid for maximum period of 12 months or period of course whichever is minimum.
  2. In case of advance receipt, please fill in the amount for the total period not exceeding 12 months.
  3. The claim bill is to be submitted for each class/year separately.