



# DELHI NURSING COUNCIL

Ahiliya Bai College of Nursing Building  
Lok Nayak Hospital, New Delhi 110002

## APPLICATION FORM FOR SCHOLARSHIP

- Name of the Institution .....
- Name of the Student .....
- Programme of study  B.Sc.  GNM  ANM
- Year of study  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>
- Percentage of marks obtained in last examination.....
- Occupation of Parents: Mother: .....  
Father.....
- Family income (from all sources).....(per Annum)
- Whether in receipt of any other scholarship/grant..... If yes, give details

Name & Address of the Organization	Amount of Money /annum or Assistance Received	Assistance received w.e.f (year)

### Undertaking

*I hereby declare that the above mentioned information furnished by me is true and correct to the best of my knowledge and belief, if any information is found incorrect, at any stage, my application may be rejected and amount received from Delhi Nursing Council will be returned with penalty as decided by the Delhi Nursing Council.*

.....  
Signature of  
Father/Mother/Guardian

.....  
Signature of the student

### To be filled by the Head of the Institute

*The above stated information furnished by the student has been verified as per the records and to the best of my knowledge and belief.*

The application is forwarded for grant of the scholarship.

Dated:

.....  
**Signature of Principal**