**MUSLIM YOUTH UNIVERSITY**

**SCHOLORSHIP FORM**

1. Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_

2. University Registration No:

3. Are you availing any scholarship: Yes No

4. Tel (Res): Mobile:

5. Email: Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Father’s/Guardian Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Credit hours completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **UNDERTAKING**

Parents/ Guardian Signature Applicant signature

Date: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use**

**By Department** Recommended Not Recommended

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**Signature HOD Signature VC**