## <u>Format for Registration (Adding) of Colleges/Institutes under Post Matric & Merit Cum Means - National Scholarship Portal 2020-21</u>

To,

The Director,

Directorate of Minorities

20th floor Dr B.R Ambedkar Veedhi

V.V Tower Bangalore-560001.

**Sub:** Registration of Colleges/Institutes Regarding.

I, The Principal of _____ hereby submit that our College/Institute is not registred in National Scholarship Portal for the students to apply for scholarship.

I therefore submit the following details in the Performa for taking suitable action and to register the name of our College/Institute.

| INSTITUTE DETAILS | |
|---|---|
| Institute Name* | |
| DISE/AISHE Code* | |
| Institute Nature* | ☐ GOVERNMENT INSTITUTES<br>☐ PUBLIC TRUST<br>☐ PRIVATE<br>☐ AIDED<br>☐ PRIVATE TRUST |
| Board State* | |
| Board/University Name* | |
| Course Level Offered* | ☐ HSC/INTERMEDIATE [12TH] PUC/EQUIVALENT<br>☐ DEGREE/GRADUATE/UNDER GRADUATE/INTERGRATED<br>☐ POSTGRADUATION<br>☐ DOCTORATE/M.PHIL/P. HD<br>☐ CERTIFICATE<br>☐ TEACHER TRAININGS<br>☐ POLYTECHNIC<br>☐ DIPLOMA (OTHER THAN POLYTECHNIC)<br>☐ I.T.I<br>☐ PG DIPLOMA |

| | |
|---|---|
| Institute Address* | |
| Institute State* | KARNATAKA |
| Institution District* | |
| Institution Taluk/Block* | |
| Institute Pincode* | |
| Institute Tin No | |
| Institute Tan No | |
| **CONTACT PERSON DETAILS** | |
| Name* | |
| Mobile No* | |
| Phone | |
| E-mail* | |
| **BANK DETAILS** | |
| Bank Name | |
| Branch Name | |
| Bank Account Number | |
| IFSC Code | |
| Registeration Certificate* | **ENCLOSE WITH THIS FORMAT** |

**Date:**

**Place:**

**Principal
Seal and Signature**

**Note: - Send Scanned copy of the above format through e-Mail to The Directorate of Minorities – gokdomnsp@gmail.com**