



**ALUMNI ASSOCIATION OF SRI RAMACHANDRA INSTITUTE OF  
HIGHER EDUCATION AND RESEARCH**  
(DEEMED TO BE UNIVERSITY)

**SRAA PG SCHOLARSHIP APPLICATION FORM**

<b>DETAILS</b>		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs		
First Name:		Last Name:
Alumni Registration Number:		
<b>QUALIFICATIONS AND ACADEMIC INFORMATION</b>		Photograph: (Affix Recent Passport Size Photograph) <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>
UG Degree: (AT SRIHER ONLY)		
Register No:		
Year of Completion:		
Are you a rank holder or gold medalist in your course of study: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Please attach proof:		
Permanent Address:		
Address for communication:		
District:	State:	Postcode:
Telephone:		Mobile:
Email:		
Date of birth:		Age:
Citizenship: <input type="checkbox"/> Indian citizen <input type="checkbox"/> Others (Please Specify)		
Aadhaar Number:		
<b>SCHOLARSHIP AVAILABLE COURSES</b>		

<b>PG Degree Enrolled:</b> <b>Year of Enrollment:</b> _____ 1. M.Sc. Medical in Anatomy <input type="checkbox"/> 2. M.Sc. Medical in Physiology <input type="checkbox"/> 3. M.Sc. Medical in Biochemistry <input type="checkbox"/> 4. M.Sc. Medical Laboratory Technology <input type="checkbox"/> 5. M.Sc. Neuroscience <input type="checkbox"/> 6. M.Sc. Renal Sciences and Dialysis Technology <input type="checkbox"/> 7. M.Sc. Urology Technology <input type="checkbox"/> 8. M.Sc. Human Genetics <input type="checkbox"/> 9. M.Sc. Biotechnology <input type="checkbox"/> 10. M.Sc. Biomedical Sciences <input type="checkbox"/> 11. M.Sc. Clinical Nutrition <input type="checkbox"/> 12. M.Sc. Trauma Care Management <input type="checkbox"/> 13. M.Sc. Perfusion Technology <input type="checkbox"/> 14. M.Sc. Applied Child Development <input type="checkbox"/> 15. M.Sc. Clinical Research <input type="checkbox"/> 16. M.Sc. Respiratory Therapy <input type="checkbox"/> 17. M.Sc. Medical Psychology <input type="checkbox"/> 18. M.Sc. Counselling Psychology <input type="checkbox"/>	19. M.Sc. Clinical Psychology <input type="checkbox"/> 20. M.Sc. Critical Care Technology <input type="checkbox"/> 21. M.Sc. Clinical Immunology <input type="checkbox"/> 22. M.Sc. Mind-Body And Life Style Science <input type="checkbox"/> 23. M.Sc. Stem Cell and Regenerative Biology <input type="checkbox"/> 24. M.Sc. Forensic Science <input type="checkbox"/> 25. M.Sc. Cardiovascular Sciences (Echocardiography) <input type="checkbox"/> 26. M.Sc. Sports and Exercise Psychology <input type="checkbox"/> 27. Master of Optometry <input type="checkbox"/> 28. Master of Public Health (M.P.H) <input type="checkbox"/> 29. M.Sc. Nursing <input type="checkbox"/> 30. M.Sc. Nursing (Nurse Practitioner in Critical Care) <input type="checkbox"/> 31. Master of Occupational Therapy (MOT) <input type="checkbox"/> 32. M.Sc. Medical Bioinformatics <input type="checkbox"/> 33. M.Sc. Physician Associate <input type="checkbox"/> 34. M.Sc. Anaesthesia & Operation Theatre Technology <input type="checkbox"/> 35. Master of Social Work (MSW) <input type="checkbox"/>
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Have you applied for any other scholarships or stipend from other agencies?  <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, provide the following details Name of scholarship/stipend for which you have applied:  	
<b>Personal Information:</b>	
Father / Mother Name:	Father / Mother Occupation:
Place of Birth:	Mother Tongue:
Annual Income of Parent:	Marital Status <input type="checkbox"/> Married

	<input type="checkbox"/> Single
Residential address of Parent:	Permanent address of Parent:
Whether the applicant is employed?      Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, the applicant must provide details)	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Whether SC/ST/OBC:    Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, enclose the relevant copy of the certificate) Name of the caste / Sub-caste..... Whether Physically Challenged: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, enclose the relevant copy of the certificate briefly)	
<b>DECLARATION:</b>	
Scholarship will be given only for two years. Rs. 50,000/- per year per student.  I hereby declare that I have carefully read the instructions and particulars supplied to me and that the entries made in this application form are correct to the best of my knowledge and belief. I understand that association (active or passive) with any unlawful organization is forbidden. If selected, I promise to abide by the rules and discipline of the Alumni Association of SRIHER. I note that the decision of the Alumni Association of SRIHER is final in regard to selection for scholarship. I agree that I shall abide by the decision of the Alumni Association of SRIHER, which shall be final.	
<b>Applicant signature:</b>	<b>Date:</b>  <b>Place:</b>

**Please send applications to the contact listed below:**

**Check List:**

The filled-up application form should have the following enclosures:

- a)** Copy of Alumni ID card / Alumni Association Registration receipt
- b)** Academic Transcripts
- c)** Scanned copy of the Degree certificates
- d)** Income Certificate
- e)** Copy of class 10<sup>th</sup>, 12<sup>th</sup> and UG mark sheets
- f)** Copy of rank card of entrance examination
- g)** Copy of fee receipt submitted by the student or Admission Letter (for students who are taking admission this year)
- h)** Copy of ration card or ID proofs of parents
- i)** Crisis document (Death certificate of parent(s) or proof of job loss)
- j)** Certificate of family income/BPL certificate/ITR/Certificate from local panchayat office for proof of annual family income
- k)** Reference of 2 persons who know the candidate (Head of the department, Faculty members) who have handled classes for the student.
- l)** Aadhaar ID or address proof
- m)** Bank account details of the parent (passbook copy)

**NOTE: Attested Photocopies of all certificates is to be enclosed with the application.**

**Applicants should submit the hardcopy of the filled application form directly to the Alumni office or send through courier to the below address:**

**Alumni Association of Sri Ramachandra Institute of Higher Education and Research  
3<sup>rd</sup> Floor, Medical College Building,  
Sri Ramachandra Institute of Higher Education and Research,  
Porur, Chennai – 600116.  
Mobile: 9840607060**



## ALUMNI ASSOCIATION OF SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION AND RESEARCH

### **SCHOLARSHIP ELIGIBILITY**

1. The applicant must have been an undergraduate student of Sri Ramachandra Institute of Higher Education and Research.
2. Only alumni of Sri Ramachandra Institute of Higher Education and Research, who have registered with the Alumni Association of Sri Ramachandra Institute of Higher Education and Research, are eligible to apply for the Scholarship.
3. The students who have passed University examinations (annual or semesters) without arrears up to the previous semester/year are only eligible to apply.
4. The total Scholarship sanctioned amount will be Rs.3,00,000/- and the amount sanctioned for one student will be Rs. 50,000 /- per year for two years duration. The sanctioned amount will be eligible for three students per year.
5. Acknowledgements and grant from other funding agencies must be declared. Statement of conflict of funding must be provided.
6. This scholarship will be awarded to the students whose family annual income is below **5 lakhs or to provide 3 years Income certificate/IT certificate/Bank certificate.**
7. The Scholarships to be awarded will be towards full or partial tuition fee payable by the students and are tenable for the year of award only.
8. The application form must be duly filled and submitted within the deadline.
9. If the candidates fail in any exam or discontinue the study during the process, the scholarship will also be cancelled.
10. The Scholarship selection list will be released after 10<sup>th</sup> April of every year.