



MNR MEDICAL COLLEGE & HOSPITAL

MNR Nagar, Fasalwadi, Sangareddy - 502 294, Sangareddy Dist. Telangana.
India

Ph: + 85000 56667, (08455) 230523, 230527, 230524 Fax No. (08455) - 230555, 230533
e-mail : mnrmc@mnrindia.org; website : www. mnrindia.org

Application for Aadharana Scheme

Name of the Student: Ayyagari Sindhu Contact No 6304322069
Father's Name: Dr. Narsimhulu Contact No 9441481010 Occupation: Business
Mother's Name: Dr. Mamatha Contact No -do- Occupation: Home maker
Annual income of family: Stable / Annu
Study UG / PG: UG Year 18-19 Admission Number: 1696
Percentage of marks obtained in Previous year/ Intermediate: 67%
Attendance Percentage of Previous Academic Year: 89%
Whether provided with any other scholarships: Yes/No

I acknowledge that the given information is true. I kindly appeal to you to review my application for a concession in Hostel Fees/Transportation Fees /Others. I want to emphasize that I am not benefiting from any form of financial assistance for my education either from governmental or non-governmental organizations.

Sindhu
Student's signature

Narsimhulu
Parent's signature

For office use only:

The student meets all the necessary criteria to be granted a concession in Hostel Fees/

Transportation Fees/Others (Mention Details) 11,10,000

fee reduction has been Approved /Rejected for the Student.

Date: 19/11/20

[Signature]
PRINCIPAL
MNR MEDICAL COLLEGE & HOSPITAL
FASALWADI, SANGAREDDY-502294
Chairperson
Internal Quality Assurance Cell (IQAC)
MNR Medical College & Hospital



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Application for Aadharana Scheme

Name of the Student: Contact No

Father's Name: Contact No Occupation:

Mother's Name: Contact No Occupation:

Annual income of family:

Study UG / PG: Year Admission Number:

Percentage of marks obtained in Previous year/ Intermediate:%

Attendance Percentage of Previous Academic Year:%

Whether provided with any other scholarships: Yes/No

I acknowledge that the given information is true. I kindly appeal to you to review my application for a concession in Hostel Fees/Transportation Fees /Others. I want to emphasize that I am not benefiting from any form of financial assistance for my education either from governmental or non-governmental organizations.

Student's signature

Parent's signature

For office use only:

The student meets all the necessary criteria to be granted a concession in Hostel Fees/

Transportation Fees/Others (Mention Details) _____

fee reduction has been Approved /Rejected for the Student.

Date:

Internal Quality Assurance Cell (IQAC)
MNR Medical College & Hospital

PRINCIPAL
MNR MEDICAL COLLEGE & HOSPITAL
FASALWADI, SANGAREDDY, 502294