# GOVERNMENT OF NAGALAND
# DEPARTMENT OF HEALTH & FAMILY WELFARE
# NAGALAND : KOHIMA

## Eligibility Criteria and Guidelines for Online State Medical Scholarship 2024-25

**Start** : **6th November 2024**
**End Date** : **6th December 2024**

**Nodal officer's contact** : 9436005174 / 9362610198
Scholarship Enquiry

**GUIDELINES:**

1. Applications with Incomplete / Unclear documents wilt be summarily rejected.
2. Applications received after the last date of submission will be rejected.
3. Applicants are required to **Self Attest** all uploaded documents.
4. Only applications submitted online through the Common Scholarship Portal https://scholarship.nagaland.gov.in will be accepted. Any other modes of submission shall not be entertained.
5. The Department will not entertain any individual Scholarship application fprm and supporting documents submitted directly to this office.
6. All uploaded documents must be self attested. Submission of unattested documents will lead to rejection of the application.
7. On submission a unique Registration No will be generated. Applicants are required to note this number for Renewal in the subsequent years.
8. The Department will not be responsible for non receipt pf scholarship due to wrong/inactive bank account number/details provided by the applicant. Bank account number should be that of that of the applicant only. **Only Bank Accounts of state Bank of India will be accepted.**
9. Applicants is warned that if he/she gives false statement/declarations/documents etc. or otherwise obtained scholarship through fraudulent means, he/she will be black listed and debarred from getting scholarship under this scheme or any other Scholarship schemes for the entire period of his/her studies. The scholarship amount if already paid will also be recovered.
10. Incomplete/wrong entries in the e-Form or incomplete/incorrect upload of necessary documents will be subject to rejection. Correction/ rectification after submission will not be entertained.

**Document to be attached** with **Application form.**

1. Forwarding letter from concern Institution
2. Xerox copy of Nomination letter (NSEE/NEET/State Departmental Ex8m).
3. Xerox copy of Aadhar card.
4. Xerox copy of SBI Account No. (first page of Bank passbook or statement clearly indicating Account Number and Account Holder's Name).
5. Indigenous & ST Certificate.

## INSTITUTION VERIFICATION / FORWARDING FORMAT

## TO BE SIGNED BY THE HEAD OF THE INSTITUTION

1. I hereby certify that Mr/Ms. ……Daughter/Son of ……

   …….. is a regular student pursuing …….

   …….. in …… (year/semester) during the current academic

   session and he / she is not a repeater in the same class.

2. The Institution is recognised by the Government of India and the Recognition No. is

   ……. (AISHE Code).

3. I undertake that if the applicant leaves the institution/discontinue studies /accept any other scholarship/fail to secure 75% attendance in classes the fact will be reported to the Principal Director, Health & Family Welfare, Nagaland Kohima.

Date: -
Place: -

Signature of the Head of the Institution
……..

Office Round Seal

Name in Block Letters…….

Designation with Seal …….

Fax No./email. …….

Office Telephone No……

Full Postal Address of the Institution with Pin Code……..

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***N.B: - 1. Stamped Signature will not be accepted. 2. Official Seal of the Head of the Institution and Round seal of the Institution are compulsory. 3. Application form will be rejected if found incomplete/if there are signs of over-writing. 4. The application form will be rejected if full address and particulars of the Institution are not clearly indicated.***