KISHORE VAIGYANIK PROTSAHAN YOJANA (KVPY)

RENEWAL FORM FOR THE YEAR 2023-24

CERTIFICATE FROM THE HEAD OF THE INSTITUTION WHERE THE KVPY FELLOW IS STUDYING

Name of the Fellow		KVPY Reg. No.
Current Address for correspondence:		
Email ID:	Aadhar No.	
Telephone No.		Mobile No.:

This is to certify that

1) Mr./Ms.....is a *bona fide* student of this college/Institution.

2) During the academic year 2022-23 he/she has obtained the following marks/grades in the science subject:

Sl. No.	Subjects	Maximum Marks/Grade	Minimum Marks / Grade to be obtained	Marks/Grades obtained. Please enclose certified copy of the marks card /Grade
1				
2				
3				
4				
5				
3)	He/she is now studying in	D	ate and year of join	ning

(Name of the course and stream)

Date and year of joining..... Expected Date and year of Completion

4) During the academic year 2023-24, he/she will be in theyear of year of course in Physics / Chemistry / Biology / Mathematics /.....and has taken the following subjects for his course of his/her study:

Subjects	1.	3.	5.	
Subjects	2.	4.	6.	

Place:

Signature of the Dean/ Head of the Institution

Date:

(Name)

(Seal)

5) Summer Project: Latest last three years

	Place	Mentors name	Duration of the Summer Project		
		and Address*	From	То	
1 st Summer Project					
2 nd Summer Project					
3 rd Summer Project					

KISHORE VAIGYANIK PROTSAHAN YOJANA (KVPY)

CERTIFICATE FOR NON - RECEIPT OF FELLOWSHIP/ STIPEND/CONTINGENY FROM OTHER SOURCE

	I,					, 8	a student	of	the		year of
	the		C	ourse in		studying in					(Name of
	the I	nstitutions)	do hereby	declare that:							
1.		eive the K		-	-	-	•			nent or private) and om Government or	-
						OR					
	Ι	am	in	receipt	of	а	fellowship	р	/	scholarship	awarded
	by							a	and I s	shall forgo the KVPY	Y Fellowship.
						OR					
	Ι	am	in	receipt	of	a	fellowshi	р	/	scholarship	awarded
	by .							an	dIs	shall surrender it a	nd avail the
	KVF	PY fellowshi	p								

2. I shall inform the KVPY in the event of my receiving any Fellowship/stipend from any other source at a later date.

Place:	Signature of the Student
Date:	(Name)

ENDORSEMENT FROM HEAD OF THE INSTITUTION

This is to certify that Mr./Ms..... is not receiving any Fellowship/Contingency/Stipend awarded from any other source other than KVPY Award.

Date:	Signature of the Head of the Institution
Place	(Name) (Seal)

Note: The continuation of KVPY Fellowship is subject to the student passing the exam each year with first class 60% (50% for SC/ST/PWD) marks in aggregate or equivalent grade points and have_to necessarily pass all the subjects prescribed for that particular academic year (two semesters in case of semester system) in his/her course of work and the participation and satisfactory performance in the summer project.