



Application for **Renewal** of Scholarships for the Year 2019-20 (*To be filled in by the student's and sent by* **31**st **Oct 2019**)

1.	Nam				N	1/6		_	
	Name:M/F							Paste one	
ı	Mobil	ile No:		••••				recent color	
2.	Name of the College:						passport size photo		
(Course:Branch:Branch								
ı	Name	e of the Principal:.			Phone No	·			
١	Year.	Semest	ter:	Univers	sity Rgn.No./Roll No		····		
	Whether passed all subjects during the last year in full:Yes/No (tick one)								
	If No, explain in detail:								
4.	Father's Name: Mob No Mob No								
5.	Moth	her's Name:		Occupat	tion:	Mob N	lo		
-	•		••••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••		•••••	
6.	Broth	hers and Sisters In	nformation:						
SI. No		Name		Λσο	Occupation/Class of Study		School/C	allogo	
31. 140		Name		Age	Occupation/ class o	JI Study	301001, 0	ollege	
				+					
				†					
7. Gross family income per annum:8. Scholarships/Financial assistance received till date:									
Nam	e of c	organization	Year	Amount Rs.		R	emarks		
_									
			•		application and prese		•	_	
	·		£.						
10. IT	sanc	ctioned, give amou	unt:			••••••••••			
11. E	stima	ate of Expenses fo	or the Current Aca	demic Yea	ır:				
Items	s of e	expenses	Es	stimated expenses Rs. Expenses		Expenses	incurred til	l date Rs.	
		n Fees							
	n Fee								
		Regn. Fees							
		es(Seat Rent)							
	sing E								
	sporta								
		tationery							
Othe	rs(sp	ecify)							

12. Bank Account No :									
Name and Address of the Bank:									
13. Address: (in capital letters) :									
Present Addres	S	Permanent	Address						
PI	IN:		PIN:						
Contact No:		Contact No:							
E-Mail Address:		E-Mail Address:							
(Applications of Diploma/Degree 14. Declaration by the Student: A	I hereby declare that the	information given above in this	s application is true and						
correct to the best of my knowled amount of assistance received th needy and meritorious students.		years which will be used as sin							
Name of the Applicant (in Capital letter)	Signature of App	licant	Date						
15. Declaration by the Parent/G true and correct. I promise to per return the amount	suade my ward to return	the assistance in time. If he / s	the fails to return, I will						
Name of Parent (in capital letter)	Signature of F		Date						
16.Certificate by the College Authorities: Certified that Sri/Kumis a student of our college and is now studying in									
17. Any other comment.									
Signature (With college seal):									
Name:	Designation	on:	Date:						
Important: Following documents must be attached; otherwise the application will be rejected. 1.Copies of Mark Sheets of all Semesters of Last Year.									

- 2. Copies of Receipts of Tution Fees and Hostel Fees paid during the year.
- 3.A letter addressed to the Donor, giving details of activities in the college during past 6 months in minimum 200 words
- 4. For final Year Students, the mark sheets, pass certificate with latest postal & E-mail address are to be sent after <u>completion of their study</u>.

Address for Communication:

VIKASH EDUCATIONAL CHARITABLE TRUST

1st Floor, 'ROSE DALE', Plot No. 139, District Centre, C.S.Pur- 751 016 Ph.0674-2747100 E-mail: vectrust@yahoo.com, Website: www.vikas.org.in