

Others(specify)

Shraddha Foundation Scholarships

Vikash Educational Charitable Trust

Nurturing Excellence among Students

Application for Renewal of Scholarships for the Year 2019-20

(To be filled in by the student's and sent by 31st Oct, 2019



1.	Nam	Name:M/F								
	Mobile No:							Paste one		
_								recent color		
2.	Name of the College:									
	Name	Name of the Principal:Phone No :Phone No :								
	Year Semester: University Rgn.No./Roll No									
	····				ioney inglimeoly from t					
3.	Whether passed all subjects during the last year in full:Yes/No (tick one) If No, explain in detail:									
4.	Fath	er's Name:		00	cupation:	Mob	No			
5.	. Mother's Name:			Occupation: Mob No Mob No			No			
6.	Brot	hers and Sisters Ir	nformation:							
SI.	No	o Name		Age Occupation/Class of Study		School/College				
31.	INO	Name		Age	Occupation/Cla	iss of Study	School/Colle	:ge		
7. 8.		s family income p larships/Financia								
Naı	me of	f organization Year			Amount Rs.		Remarks			
nar	ne and	address, phone	No. of the Banl	k, date of ap 	plication and prese	ent status of you		e details like		
11.	Estima	ate of Expenses fo	or the Current	Academic Ye	ar:					
Items of expenses				Estimated expenses Rs.		Expenses	Expenses incurred till date Rs.			
Admission Fees										
	ion Fe									
		Regn. Fees								
		es(Seat Rent)								
	ssing E	•								
	nsport	tationery								
שטטע	7V2 / 21	tationery								

12. Bank Account No :		<u></u>			
Name and Address of the Ba	nk:				
13. Address: (in capital letters)	:				
Present Addres	s	Permanent Address			
	IN:	PIN:			
Contact No:		Contact No:			
E-Mail Address:		E-Mail Address:			
(Applications of Diploma/Degree	Engg. and MBBS student	ts will not be considered without correct e-mail id)			
the best of my knowledge and be	elief. I also pledge that up	information given above in this application is true and correct to on completion of my study I shall return the amount of h will be used as similar assistance to other needy and			
Name of the Applicant (in Capital letter)	Signature of Appl				
		that the information given by my Son/Daughter/Ward is true assistance in time. If he / she fails to return, I will return the			
Name of Parent (in capital letter)	Signature of P				
		ri/Kumis a student of our he source and amount.			
17. Any other comment.					
Signature (With college seal):					
Name:	Designatio	on:Date:			

<u>Important:</u> 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 completion of their study.

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