



# Academic Year-2019-20

## Vikash Educational Charitable Trust

*Nurturing Excellence among Students*  
APPLICATION FOR FINANCIAL ASSISTANCE  
**Last date of Application: 31.10. 2019**

Paste one Color  
Pass Port size  
Photograph

**Only students reading +3 Arts, +3 Science, +3 Commerce, , M.A.,M.Sc., M.Com, Diploma ,B.Tech( L.E.), B.Tech, Nursing, Dental & MBBS should apply.**

### 1. Personal Data:

(a) <b>Student's Name</b> (in capital letters):							
(b) <b>Date of birth:</b>		District:		Block:		Nearest Town:	
(c) <b>Father's Name:</b>				<b>Age:</b>		<b>Education:</b>	
Father's Occupation (in detail):							
(d) <b>Mother's Name:</b>		<b>Age:</b>		<b>Education:</b>		<b>Occupation:</b>	
(e) <b>Annual income of the whole family:</b>							

(Attach copy of Income Certificate/Salary Certificate/Pension Payment Order.)

(f) <b>Community to which belongs:</b> GEN/SC /ST/OBC/Others	<b>Religion:</b>
--	------------------

(g) **Brothers and Sisters with age Occupation/ Class in which studying.**

Sl.No.	Name	Age	Occupation/Class of Study	School/College of study

### 2. Address: (IN CAPITAL LETTERS)

Present Address: (for correspondence)		Permanent address:	
PIN:		PIN:	
Contact Phone Number:		Contact Phone Number:	
E-mail address:		E-mail address:	

### 3. Academic Record:

Name of the Examination Passed	Year of completion	Name of Board/University	Full Marks	Marks obtained	% of marks secured	University Registration No./ Roll No.	Extra Curricular Activities if any
<b>Matriculation</b>							
<b>+2 Arts/Sc/Com</b>							
<b>+3 Arts/Sc/Com</b>							
<b>Diploma</b>							
<b>B.Tech/MBBS</b>							
<b>Others</b>							

### 4. Particulars of Course for which assistance is required:

Name of Course	Duration	Year of Admission & class of study	Name & address of the College/Institute	Type of institution	University	Roll No	Rank in JEE/CET/DET/AIEEE,NEET etc	Year of Exam	Basis of Seat Allotment(Free /Payment)

(Use separate paper, if required)

**5. Statement of Expected Expenses for the current Academic Year:**

Items of expenses	Estimated Expenses (in Rs).	Expenses incurred till date (in Rs).	Remarks
Admission Fees			
College Fees:			
University Regn. Fees			
Hostel Fees (Seat Rent)			
Messing Exp.			
Transportation			
Books & Stationery			
Others (Specify)			
TOTAL			

**6. Mention Source wise amounts of all scholarships received by you last year:**

Name	Source	Amount per year

**7. Any other scholarship/Loan applied:**

Name	Source	Amount per year

**8. Write in a separate paper in your own handwriting in 200 words why you require financial assistance indicating your family background.**

**If your write-up is unsatisfactory, your application will be rejected.**

9. Name, designation/position/ and Addresses with PIN and telephone nos. of 2 persons of standing (not related to you) of your locality, who know your family well & who will be contacted to get more information about you and your family.

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PIN.....

PIN.....

Contact Phone: .....

Contact Phone: .....

E-mail id:

E-mail id:

**10. Declaration by the Student:**

*I hereby declare that the information given above in this application is true and correct to the best of my knowledge and belief. If at any stage it is found that I have provided any false information, or I am not sincere then my financial assistance will be discontinued and I may be asked to return the amount immediately.*

*Further I solemnly promise that upon completion of my education and on working, I shall return all the amount of assistance without interest received through the Trust for use as similar assistance to other poor and meritorious students.*

\_\_\_\_\_  
Name of the Applicant (in capital letters)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**11. Declaration by the Parent/Guardian:**

*I hereby confirm that the above information furnished by my ward is true & correct to the best of my knowledge & belief & I shall persuade my ward to return the assistance on his working within 5 years for use as similar assistance to other needy & meritorious students*

\_\_\_\_\_  
Name of Parent/Guardian  
(In Capital Letter)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**12. Certificate by the College Authorities:**

*Certified that the above named student is studying in..... class of our college. He/she deserves financial assistance for completion of the course. If he/she is getting any other assistance, please mention the source & the amount.*

Signature of Principal (With College Seal)

College Phone No:

Name:

Designation:

Date:

**N.B. Please attach all mark sheets. JEE & NEET Rank Card, Income Certificate, Write Up in your own handwriting & expenditure estimate.**

Address for Communication:

**VIKASH EDUCATIONAL CHARITABLE TRUST**

'ROSE DALE', 139, District Center, Chandrasekharapur, Bhubaneswar-751016

Ph-0674-2747100(O) E-mail:vecstrust@yahoo.com,

Website: [www.vikas.org.in](http://www.vikas.org.in)