



Academic Year-2020-21

Vikash Educational Charitable Trust

Nurturing Excellence among Students
APPLICATION FOR FINANCIAL ASSISTANCE

Last date of Application: 31.11.2020

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

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

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

(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
Matriculation							
+2 Arts/Sc/Com							
+3 Arts/Sc/Com							
Diploma							
B.Tech/MBBS							
Others							

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..... Contact Phone: E-mail id: _____

 PIN..... Contact Phone: 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)
 Aadhar Number:

 Signature of Applicant

 Date

11. Undertaking by the Father:

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/her working within 5 years for use as similar assistance to other needy & meritorious students. If he/she fails to return, I will return the amount. If Father is deceased Mother may undertake to repay the amount.

 Name of Father
 (In Capital Letter)

 Signature of Father

 Date

Aadhar Number:

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: vectrust@yahoo.com,

Website: www.vikas.org.in