Photograph

Academic Year: 2026-2027 (RENEWAL)

VIKASH EDUCATIONAL CHARITABLE TRUST

SEEDS, LBW, WFC, S.B TRUST, M/S M.G MOHANTY, SBPIL, S.M.C TRUST

Combined Application for RENEWAL financial assistance.

Last date for submission of application- 30.11.2026

I. Name of Scholarship (Tick by Appropriate box):-

SEEDS	LBW	WFC	S.B TRUST	M/S M.G MOHANTY	SBPIL	S.M.C TRUST	VIKASH

II. Personal Data: - (In Capital Letter):-

Student's Name							D.O.B		
Aadhaar No.					Email Id				
Father's Name					Occupation				
Mother's Name					Occupation				
Community	GEN	SC	ST	OBC	Other	Present contact no.			
Permanent Address :-					Dist				
AT					Block/Town				
P.O					State				
P.S					Pin Code				

III. Academic Information (In Capital Letter):-

Name of the course.	Duration of the course.	Current year of study.	Name of the college.	% of marks secured in last examination.

IV. Scholarships received till date from all sources (In Capital Letter):-

(Name of organization) Received from:	Year	Amount

V. Expenses for the Last Year and estimate for Current Academic Year:

	Last year Expenditure in Rs.	Estimated expenses of the Year (Rs.)
Admission fees		
tuition fees		
University Reign. Fees		
Hostel fees(Seat rent)		
Messing Expenses		
Transportation		
Books & stationary		
Others(specify)		

VI. Bank account No……IFSC Code……
Name & address of the bank ……..

VII. **Declaration by the student**: *I hereby declare that the information given above in the application are true and correct. I also pledge that upon completion of my study I shall return the amount of assistance received through the Trust, within 5 years which will be used as similar assistance to other needy and meritorious students.*

…… …… ……
Name of the Applicant (In capital letter) *(Signature of Applicant)* *Date*

VIII. *Undertaking by the father*: *I hereby declare that the information given by my Son/ Daughter / Ward are true and correct. I promise to persuade my word to return the assistance on his/her working with 5 years for use as assistance to other needy students, experience time. If he/ she fail to return, I will return the amount.*

…… …… ……

Name of father/ Mother Signature of father / mother Date:

Mob No:

IX. Certificate by the College Authorities:

Certified that Sri / Kumari ……is a student of our college and is now studying in…… If He/ she is /not getting assistance from……/any other source (Please mention the source and amount.)

Signature:

Name: ……Designation…… Date: ……

(College seal)

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 college Fees and Hostel Fees paid during the year.
3. A letter addressed to the Donor, giving details of activities in the college during last year.
4. **If father is deceased, mother to sign the under taking at sl. V*III***
5. **One cancelled cheque.**
6. **Fill up Form in applicant with document in to send Vikash Educational Charitable Trust.**

Address for Communication:

VIKASH EDUCATIONAL CHARITABLE TRUST

ROSE DALE, 139, District Centre, Chandrasekharpur, Bhubaneswar-751016

E-mail: vectrust@yahoo.com, *Website: www.vikas.org.in*