Academic Year-2023-24 MGM GROUP OF MINES



Paste recent colour passport

size photo

P.T.O.

Nurturing Excellence among Students APPLICATION FOR FINANCIAL ASSISTANCE Last date of Application: 31.10.2023

1. I CI Soliai	Duu.											г	4 . 77	. NT					
	(a) Student's Name: (in capital letters): Ms. / Mr.													Aadhar No.: Email Id:					
(b) Date of birth: District:							Block:		N		Nearest Town								
(c) Father's Name:							Age:		Education:		n:		Aadha	r No.:					
Father's O	ccupation	(in de	etail):																
(d). Mother's Name: Age:								ducation:			Occupation:			Aadhar No. :					
(f). Commu	ınity to w	hich b	elongs: (GEN/	SC/ST/OBC	C/Others		Religion:											
(g)Brothers	and Siste	rs wit	h age Occ	ninat	ion/ Class in	which stu	ıdving.												
Sl.No. Name									cupation/Class of Study			School/C	College o	of study					
2. Address:	(IN CAPIT	ΓAL LI	ETTERS)																
Present Address: (for correspondence)									Permanent address:										
PIN: Contact Phone Number:									PIN:										
Contact File	one Num	er:						Contact Phone Number:											
3. Academi	ic Record:	•																	
Name o									% of	Univei		ersity Extra Cymria		ioulou					
Examination Passed		Year of completion		Name of Board/Univer			ty Fu Ma			arks ained	marks secure	Reg	gistration / Roll No						
Matriculation											d	110./	1104 1011110.						
+2 Arts/Sc/																			
+3 Arts/Sc/	/Com																		
Diploma																			
B.Tech/MBBS Others																			
Others																			
4. Particula	rs of Cou	rse wh	ere you a	re sti	udying:		1		-			р	ank in		Ro	sis of Seat			
Name of Course Duration		Year of Admission					instit	ype of astitution bovt/ Pvt.		Jniversity Board	/ Roll	Roll No D		Exam	All	ot Seat lotment(Fr Payment)			
(Use separa	te paper,	if requ	uired)				•				•	•		•	•				
5. Scholarsh				eceive	ed till date:		Г		1										
(Name of the Organization) Received from:						Year	Ame (Rs		ount s.)		Remarks								
												•		•					
										If yes, tl	hen give	details lik	e name	and address,	phone	No. of			
=			•		status of you	• •	on.												

7. If sanctioned, give amount:.....

8. Expenses for the Last year and estimate for Current Academic Year: Last year Expenditure Estimated expenses of this year(Rs.) Admission Fees **Tution Fees** University Regn. Fees Hostel Fees(Seat Rent) Messing Exp Transportation **Books 7 stationery** Others(specify 9. Bank Account No :.... IFSC code...... Name and Address of the Bank 10. Declaration by the Student: I hereby declare that the information given above in this application is 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 Signature of Applicant Date (in Capital letter) 11. Undertaking by the father: I hereby declare that the information given by my Son/Daughter/Ward is true and correct. I promise to persuade my ward to return the assistance on his / her working with 5 years for use as assistance to other needy students. experience time. If he / she fails to return, I will return the amount Name of father / Mother Signature of father /mother Date Mob No.: 12. Certificate by the College Authorities: Certified that Sri /Kum is a student of our college and is now studying in If he/she is getting any other assistance, please mention the source and amount. Signature: Name: ______Designation: ______Date:

With 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 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.
- 5. If father is deceased, mother's undertaking to repay the assistance required.
- 6. Applications will not be considered without correct e-mail id.

Address for Communication:
VIKASH EDUCATIONAL CHARITABLE TRUST

'ROSE DALE', 139, District Center, Chandrasekharpur, Bhubaneswar-751016 E-mail:vectrust@yahoo.com, Website: www.vikas.org.in