ONAL CHARAITABLE TRUSH

Academic Year-2025-26 Shri Bajrang Power & Ispat Ltd. Scholarship

Nurturing Excellence among Students
APPLICATION FOR FINANCIAL ASSISTANCE (RENEWAL)
Last date of Application: 31.10.2025



Renewal

Paste recent colour passport size

1. Personal Data:

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

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(a)Student's I	Name:(i	in capi	tal lette	rs):Ms./l	Mr.								Email Id:			
(b)Date of bir	th:		D	istrict:			Block:		N	Nearest Tow	'n					
(c)Father's Na	me:	1 1					Age:		E	Education:		A	adhaar	No.:		
Father's Occi	ıpation(in det	ail):													
(d).Mother's N	lame:						Education	n:		Occupation	n:		Aadh	aar No.:		
Age:																
(f).Communi	ty to wh	ich be	longs: G	EN/SC/	ST/OBC/C	Others					Relig	gion:				
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(g)Brothers an	d Sister me	s with	age Occ	upation	Class in w	Age		pation/ C	lass	of Study		School/ Co	llege of st	udv		
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Examinati Passed	on	completion					Ma	rks	obtai	ined	secure		oll No.	Act	Activities if any	
Matriculation	1										d					
+2Arts/Sc/Co																
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Diploma	,															
B.Tech/MBBS Others	•															
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4. Particulars	of Cour	se whe	re you a	re study	ing:						1	Rar	l-i-		Basis of Seat	
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(Use se plain t	e paper	, 11 req	uirea)													
5. Scholarships			tance re	ceived ti	II date:											
(Name of the O		tion)				Year		nount				Rer	narks			
vereinen itot							(Rs.)								
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6. Have you a	plied fo	or stud	y loan in	any Bai	nk?		I			. If yes ,then	give d	etails like n	ame and	address, pho	ne No. of	
The Bank, date											-			- •		

	Last year Expenditure	Estimated expenses of this year (Rs.)	
Admission Fees			
Tution Fees			
University Regn.Fees			
Hostel Fees(Seat Rent)			
Messing Exp			
Fransportation Fransportation			
Books7stationery			
Others(specify			
Dowle Associat No.		IFCCanda	
. Bank Account No:		IFSCcode	••••••
	all return the amount of assistance received	tion given above in this application is true and I through the Trust, within 5 years which will	
	Signature of Applicant her: I hereby declare that the information g	given by my Son/Daughter/Ward is true and co assistance to other needy students. Experience	
Name of the Applicant in Capital letter) 1. Undertaking by the fat ward to return the assistance will return the amount	Signature of Applicant her: I hereby declare that the information gets on his/her working with 5 years for use as	given by my Son/Daughter/Ward is true and co assistance to other needy students. Experience	Date orrect. I promise to persuade my e time. If he / she fails to return I
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Name of the Applicant in Capital letter) I. Undertaking by the fat ward to return the assistance will return the amount Name of father/ Mother Mob No.: 12. Certificate by the Colle in	Signature of Applicant ther: I hereby declare that the information goes on his/her working with 5 years for use as Signature of Signature of Applicant	given by my Son/Daughter/Ward is true and co assistance to other needy students. Experience 	Date orrect. I promise to persuade my etime. If he / she fails to return I tue r college and is now studying ther assistance, please mention

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 colleged uring 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 corrected-e-mail id.

Address for Communication: VIKASHEDUCATIONALCHARITABLETRUST