Academic Year-2020-21

HAND HEALT CHANGE AND CHANGE AND

1. Personal Data:

Vikash Educational Charitable Trust

Nurturing Excellence among Students
APPLICATION FOR FINANCIAL ASSISTANCE

Last date of Application: 31.12.2020

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.

(a) Student	's Nam	e (in	capital let	tters):												
(b) Date of	birth:				Distric	t:		Ble	ock:		Nearest Town					
(c) Father's	Name	::	I I		1			Age:			I	Ed	lucation:			
Father's O	ccupation	on (i	n detail)):												
(d). Mother's Name:				Age:			Education:		(Occupation:						
										•						
(e) Annual inc	ome of t	he wh	ole famil	y :												
(Attach copy	of Inco	ome (Certifica	te/Sal	ary Certi	ficate/Per	nsion Pay	ment (Order.)							
(f). Commun	nity to v	which	belongs	: GE	N/SC /ST	OBC/Oth	Others Religion:									
(g)Brothers aı	nd Sister	s with	age Occ	upatio	n/ Class in	which stu										
Sl.No. Na	Sl.No. Name				Age	Occupa	tion/Cl	ass of Study		School/Colleg	School/College of study					
2. Address:	(IN C	API'	TAL LE	СТТЕ	(RS)											
Present Addr	- 1							Perr	nanent address	s:						
			PIN	·				PIN:								
Contact Phone Number:								Contact Phone Number:								
E-mail addre	ss:							E-m	ail address:							
3. Academic	Record	d:							T		1					
Name of the Examination Passed		Year of completion		Name of Board/University		Full Marks		Marks obtained	% of marks secure	s Registrati	University Registration No./ Roll No. Extra Curricula Activities if an					
Matriculati																
+2 Arts/Sc/0																
+3 Arts/Sc/C	Com															
Diploma B.Tech/MBBS																
	'															
Others																
4. Particular	s of Co	urse	for whic	h assi	stance is	required:			_							
Name of Course Dura		Year of Admission & class of study		sion s of	Name & address o the College/Institute		instit	e of cution	University	Roll N	Rank in JEE/CET/ DET/AIE EE,NEET etc	Year of Exam	Basis of Seat Allotment(Free /Payment)			

(Use separate paper, if required)

5. Statement of Expected Expenses for the	he current Academic Year:						
Items of expenses	Estimated Expenses (in Rs).	Expenses incurred till date (in		(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 so	cholarships received by you last ye	ar:					
Name	Source		Amount per y	rear			
7. Any other scholarship/Loan applied:							
Name	Source	ource					
			Amount per year				
8. Write in a separate paper in your background. If your write-up is unsatisfactory, your a 9. Name, designation/position/ and Addre your family well & who will be contacted	application will be rejected. sses with PIN and telephone nos. of	2 persons of standing (not					
	•						
1	2.						
							
PIN		V					
Contact Phone:	Co	ontact Phone:					
E-mail id:	Г	E-mail id:					
10 D. d	E-1	nail id:					
10. Declaration by the Student : I hereby declare that the information stage it is found that I have provided any for to return the amount immediately.	on given above in this application i alse information, or I am not sincere						
Further I solemnly promise that upon received through the Trust for use as similar			l the amount o	of assistance without interest			
Name of the Applicant (in capital letters)	Signature of App	licant		Date			
Aadhar Number:							
11. Undertaking by the Father: I hereby confirm that the above inform ward to return the assistance on his/her v to return, I will return the amount. If Father	working within 5 years for use as sin	iilar assistance to other n					
Name of Father (In Capital Letter	Signature of Father	_	_	Date			
Aadhar Number:							
12. Certificate by the College Authorities Certified that the above named stud completion of the course. If he/she is getting	lent is studying in			ves financial assistance for			
Signature of Principal (With College Seal)		Colleg	ge Phone No:				
Name: N.B. Please attach all mark sheets. JE	Designation: E & NEET Rank Card, Income	Date Certificate, Write Up i n		andwriting & expenditure			

Address for Communication:

VIKASH EDUCATIONAL CHARITABLE TRUST

'ROSE DALE', 139, District Center, Chandrasekharpur, Bhubaneswar-751016 Ph-0674-2747100(O) E-mail:vectrust@yahoo.com,

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