



Academic Year-2024-25  
**Vikash Educational Charitable Trust**

Fresh

*Nurturing Excellence among Students*

**APPLICATION FOR FINANCIAL ASSISTANCE (Fresh)**

**Last date of Application: 31.10.2024**

Paste recent  
colour  
passport size  
photo

**Only students reading B.A , BSc., BCom., M.A., M.Sc., M.Com, Diploma, B.Tech  
( L.E.), B.Tech, BSc. ( Nursing), BSc.(Ag), Dental & MBBS should apply.**

**1. Personal Data:**

(a) Student's Name : (in capital letters)				Aadhar No.:			
				Email Id :			
(b) Date of birth:			District:	Block:	Nearest Town		
(c) Father's Name:			Age:	Education:	Aadhar No :		
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:
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(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. 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 Govt./Pvt.	Univer sity/ Board	Roll No	Rank in JEE/CET /DET/ AIEEE, NEET etc	Year of Exam	Basis of Seat Allotment (Free/Payment)

(Use separate paper, if required)

**4. 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.
Matriculation						
+2 Arts/Sc/Com						
+3 Arts/Sc/Com						
Diploma						
B.Tech/MBBS						
Others						

Separate sheet may be used for extracurricular activities.

P.T.O.

5. Mention Source wise amounts of all scholarships received by you last year:

Name	Source	Amount per year

6. Any other scholarship/Loan applied:

Name	Source	Amount per year

7. Write in a separate paper, in your own handwriting in minimum 200 words (write up) why you require financial assistance showing your family background.

Genuineness of your need and your condition will be known from your write up and if your write-up is not satisfactory, your application will be rejected.

8. 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. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PIN.....  
 Contact Phone: .....

2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PIN.....  
 Contact Phone: .....

9. 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 study, I shall return all the amount of assistance without interest received through the Trust within 5 years for use as similar assistance to other poor and meritorious students.*

\_\_\_\_\_  
 Name of the Applicant (in capital letters)

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

10. Undertaking by the Father/ Mother:

*I hereby confirm that the above information furnished by my ward are correct . I shall persuade my ward to return the assistance on his working within 5 years for use as similar assistance to other needy students. If he/she fails to return, I will return the amount.*

\_\_\_\_\_  
 Name of Father / Mother

\_\_\_\_\_  
 Signature of Father / Mother

\_\_\_\_\_  
 Date

11. 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:

**Note to student:** Please attach all mark sheets. JEE & NEET Rank Card, Income Certificate, Write Up in your own handwriting & expenditure estimate. If Father is deceased Mother may undertake to repay the amount.

**Address for Communication:**

**VIKASH EDUCATIONAL CHARITABLE TRUST**

'ROSE DALE', 139, District Center, Chandrasekharpur, Bhubaneswar-751016

E-mail: [vecstrust@yahoo.com](mailto:vecstrust@yahoo.com),

Website: [www.vikas.org.in](http://www.vikas.org.in)