Application Form

CEPT MEANS SCHOLARSHIP

Academic Year 2016-17

INSTRUCTIONS

- Refer the Announcement Notice to check the category of Scholarship and to assess your eligibility
 Bank Account must be in the name of the student applying for scholarship
- 3. Applications to be submitted to Hansa Gohel, Admin Office between 3 pm to 5 pm

Last date for submission: 30 September 2016, 5 p.m.

PERSONAL DETAILS														
Name of Applicant / Student														
Faculty					F	Prograi	m							
Code No					Е	mail I	D							
Presently registered semester					N	/lobile	No							
	1									1				
FAMILY DETAILS														
Name of Parent / Guardian														
Relationship with Candidate														
Address														
City					S	State								
No of earning members in family					F	Pin Co	de							
Occupation/s						nnual 2015-		ne						
	•						,			•				
BANK DETAILS (Account mu	ıst be	in th	e nan	ne of t	he st	udent	appl	ying	for g	rant)				
Name of Account Holder														
Name of Bank & Branch Address														
Account Type														
IFSC / NEFT Code														
Account Number														
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GOVERNMENT / OTHER SCHOLARSHIPS (Availed in 2016-17)														
Name of Scholarship / TFW / GOG / GOI / NGO 1. Amount availed in 2016-1						6-17								
2.														
3.														

Documents required (please tick this list before submitting)

1	Copy of Income –tax return F Y 2015-16 A.Y. 2016-17 should be submitted.	
2	Copy of Bank statement of F Y 2015-16 (salary or business account) should be submitted	
3	Income declaration by parents/guardians, stating definite income from all sources by way	
	of an affidavit on non-judicial stamp paper is required.(as per given format).	
4	Copy of Bank passbook or blank crossed cheque of the bank (Account must be in the	
	name of the student applying for grant)	
5	Photocopy of CEPT Fee Receipts – Monsoon 2016 (student copy)	
6	Any other documentary proof, as asked by the award committee should be submitted.	

DECLARATION					
I certify that the statements furnished herein are true to the best of my knowledge and grant my permission for this information to be shared with scholarship selection committee.					
Signature of Applicant	Date of Application				
RECOMMENDATION OF THE COMMITTEE I hereby approve of the above application and recommen	nd this nomination for the above financial aid.				
Signature of Registrar / Academic Director	Date of Approval				
FOR OFFICE USE ONLY					
Received by	Date of Receipt				