APPLICA (Please fill in th	ATION FOR SCHOLARSHIPS 2016 BATCH he form using CAPITAL letters only)	
		(Affix Photo)
Name of Student:		
Date of Birth	Male Female (Please Tick)	
Name of Parent/ Guardian with Address	Pin	
Communication	Pin	
Tel (Landline):	Mobile No.: Email Id:	
Annual Family income*:		
Marks and percentage of previously qualified examination (12th/ Graduation): (Note: Do not round off)		
Annual Fee for the Course*:		
Name and address of the Institute where the student is admitted**		
Course of Study (Please Tick):		
Medicine (MBBS):	Engineering (BE/B.Tech): Agriculture (B.Sc): Nursing (B	3.Sc): MBA: MBA:
Physically challeng	ged: Yes No If yes, specify	
I hereby solemnly confirm that the above facts are true to the best of my knowledge.		
Signature of Student Signature of Parent/ Guardian		

- If the student is physically challenged, attach a copy of certificate issued by a Medical Officer not below the rank of DMO or an approved Medical Officer of the Bank.
- Originals should not be sent with the application.
- The trust will not be responsible for any loss/ delay in receipt of application.
- Sanctioning of scholarships will be at the sole discretion of the Trust.

^{*}Duly attested copies of the following are to be submitted:

⁽a) Admission letter or Bonafide certificate from college (b) Course fee structure (c) Previously qualified exam mark sheet (d) Family Annual income certificate (e) Address proof **Copies of certificates duly signed by the Head of the Institution certifying that it is a Govt./Aided/self financing college and the applicant student has to pay only the fees prescribed by the Govt. for students admitted under merit quota.