## DIGJYOTI

Charitable Educational Trust for Orphan and Poor
Regn. No.130/06/dt.5-1-2006 (Registered under Trust Act)
C-24/HIG, Housing Board Colony, Baramunda, Bhubaneswar-751003
Tel: 0674-2555252

## APPLICATION FOR DIGJYOTI SCHOLARSHIP (To be filled by the candidate)

Attach recent
passport size
Photograph

| 1. |  <br> (Contact Telephone Number, If any) of <br> the candidate: |  |
| :--- | :--- | :--- |
| 2. | Date of Birth | $:$ |
| 3. | Name, Address \& Telephone No. of the <br> Orphanage/Institute recommending for <br> assistance. | $:$ |
| 4.A brief background of the candidate <br> (with supporting certificates) <br> (a) Family history including income of <br> parents <br> (b) If orphan, whether by death of one or <br> both parents <br> (c) If he/she belongs to SC/ST/Minority <br> or other categories | $:$ |  |
| (d) If physically handicapped, give details <br> with supporting evidence | $:$ |  |

5. Educational Career starting from matriculation/equivalent: (Attach Xerox copy of certificates)

| Examination <br> passed | Name \& Address of the <br> School/College | Year of <br> Passing | Main <br> Subject | Percentage <br> of Marks | Division/Grade |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(2)

| 6. | Name of the Course for which <br> assistance is sought for. | $:$ |
| :--- | :--- | :--- | :--- |
| 7. | Duration of the Course and the year <br> in which presently studying ? | $:$ |
| 8 | Name \& Address of the <br> College/Institution where admitted. |  |
| 9 | If received assistance from DIGJYOTI <br> in previous year(s). Give details: |  |
| 10 | Financial assistance granted/ <br> assured from any other source in <br>  <br> boarding etc. (give details) |  |

Date:
Place:
Signature of the candidate

ENDORSEMENT OF THE PRINCIPAL OF THE COLLEGE/INSTITUTION CERTIFYING THE CORRECTNESS OF THE INFORMATION GIVEN AND RECOMMENDATION GIVING JUSTIFICATION FOR ASSISTANCE TO THE CANDIDATE:

Date:
Signature of the Recommending Authority (With seal, full address \& contact Number)

Place:

