



MERIT SCHOLARSHIP APPLICATION FORM

Your name:

Date of Birth(dd/mm/yyyy):

Contact Number:

Your email:

Address (Local):

Family Details:

Father's Name:

Father's Occupation:

Mother's Name:

Mother's Occupation:

Income Details:

Total Monthly Income of number of Earning Members in the family:

Complete Academic Qualifications:

Name of the School/College	Name of the Board/University	%	Standard/Stream	Year (Passed out)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Education Details for which Scholarship is applied:

Name of the School/College	Name of the Board/University	%	Standard/Stream
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What is your ambition in life? How do you want to achieve it?(write in 100 words)

Date

Signature