

MEPCOT SCHOLARSHIP APPLICATION FORM
LABBAIK EDUCATIONAL TRUST

APPLICATION FOR ACADEMIC YEAR : 200 – 200 .

COURSE APPLIED FOR _____ FIELD _____

MEPCOT NUMBER

PLEASE
ATTACH
LATEST
PHOTOGRAPH

1. PERSONAL DATA

FULL NAME (CAPITAL LETTERS)			
DATE OF BIRTH	/	/	19
PLACE OF BIRTH (CITY/VILLAGE)			
PARENT/GUARDIAN'S NAME			
PARENT/GUARDIAN'S PROFESSION			ANNUAL INCOME Rs. :
PERMANENT ADDRESS			
	PIN:	DISTRICT :	
RESIDENCE TELEPHONE NUMBER			EMAIL :
NAME & ADDRESS OF THE INSTITUTION ADMITTED			

2. FAMILY DETAILS

Please provide full details of applicant's family members, their relationship with the applicant, their educational qualifications, age and employment status. Separate sheet may be attached if needed.

No .	NAME	RELATIONSHIP	AGE	MARRIED YES / NO	EDUCATION	EMPLOYED YES / NO	IF EMPLOYED ANNUAL INCOME
1							Rs.
2							Rs.
3							Rs.
4							Rs.
5							Rs.
6							Rs.
7							Rs.

3. ACADEMIC DETAILS

a. Fill in whichever is applicable

COURSE	YEAR OF PASSING	TOTAL MARKS OBTAINED	TOTAL % OBTAINED	GRADE OBTAINED	INSTITUTION'S NAME
S.S.L.C					
PLUS TWO					
ENTRANCE					
DEGREE					

b. Details of the present course

COURSE ADMITTED	DURATION	YEAR / SEMESTER AT THE TIME OF APPLICATION	COURSE COMPLETION MONTH/YEAR	INSTITUTION/TUITION FEES FOR THE CURRENT ACADEMIC YEAR
	Years			Rs.

c. Mode of payment (Tick whichever is applicable)

FREE SEAT	Management Quota	GOVT. INSTITUTION	PRIVATE INSTITUTION	HOSTELLER

4. Write any other special reason for consideration

5. ATTACHMENTS REQUIRED.

- Photocopies of the original educational certificates.
- Copy of proof of admission from the institute.
- Jama'th certificate in original indicating financial status and conduct of the applicant and applicant's parent / guardian.
- Latest photograph of the applicant must be affixed on the top of this application form.

