MEPCOT SCHOLARSHIP APPLICATION FORM LABBAIK EDUCATIONAL TRUST APPLICATION FOR ACADEMIC YEAR: 200 - 200. PLEASE MEPCOT NUMBER ATTACH COURSE APPLIED FOR _____ FIELD ___ LATEST PJOTOGRAPH 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 & ADRESS OF THE INSTITUITION 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. IF EMPLOYED MARRIED EDUCA-**EMPLOYED** Nο RELATIONSHIP AGE **NAME** ANNUAL YES / NO TION YES / NO INCOME 1 Rs. 2 Rs. 3 Rs. 4 Rs. 5 Rs. 6 Rs. 7 Rs. 3. ACADEMIC DETAILS a. Fill in whichever is applicable YEAR OF TOTAL MARKS TOTAL % GRADE **COURSE** INSTITUITION'S NAME PASSING OBTAINED OBTAINED **OBTAINED** S.S.L.C **PLUS TWO ENTRANCE DEGREE** b. Details of the present course YEAR / SEMESTER AT INSTITUTION/TUITION COURSE COMPLETION COURSE ADDMITTED DURATION THE TIME OF FEES FOR THE CURRENT MONTH/YEAR APPLICATION ACADEMIC YEAR Years Rs. c. Mode of payment (Tick $\sqrt{\ }$ whichever is applicable) Management GOVT. **PRIVATE** FREE SEAT **HOSTELLER** INSTITUITION Quota INSTITUITION 4. Write any other special reason for consideration

5. ATTACHMENTS REQUIRED.

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

CONDITIONS:

- 1. MUSLIM EDUCATIONAL PROMOTION AND COUNSELLING ORGANISATION OF TAMILNADU (MEPCOT) is a social organisation operated by the community to assist financially backward bright minority students studying in professional / technical courses. Therefore only deserving applicants will be considered.
- 2. Applicants are requested to provide correct information to MEPCOT's Coordinator who will be visiting the applicant in this regard. If it is found at any stage that the information given in the APPLICATION FORM is incorrect then the financial assistance will be discontinued.
- 3. Applicant to specify correct information of financial assistance received from any other sources. Further assistance will be stopped, if found receiving without prior information to MEPCOT.
- 4. If the applicant discontinues the studies for any reason, should be intimated immediately to MEPCOT.
- 5. The applicant's involvement in any form of political, criminal or immoral activities will lead to immediate stoppage of further financial assistance.
- 6. Applicant's educational progress will be reviewed thoroughly every year. Extension of financial assistance to complete the course of study will depend only on applicant's educational progress.
- 7. If selected, applicant will be informed by MEPCOT coordinator and no private communication or correspondence through mail will be entertained.
- 8. MEPCOT reserves the right to reject any application and no communication or correspondence will be entertained.
- 9. Complete the application form in all respects and send it by mail, but not later than a month from the date of intimation of admission to the course to:

 MEPCOT Labbaik Educational Trust,

P.O. Box 3, THIRUMANGALAM - 625 706.

<u>DECLARATION:</u> ALL THE INFORMATION GIVEN IN THIS APPLICATION ARE CORRECT AND TRUE TO OUR KNOWLEDGE. WE HAVE THROUGHLY READ AND UNDERSTOOD THE ABOVE STATED CONDITIONS AND WILL ABIDE BY ALL THE CONDITIONS.

SIGNATURE OF PARENT / GUARDIAN. DATE		SIGNATURE OF STUDENT		
FOR MEPCOT COORDINATOR'S USE				
 √ or X the following. 1. □ 2. □ 3. a.□ Comments if any with respect to above points. 		3.c. 🗆	4.	5. 🗆
Recommendation: √which ever is ap			R	ds.
ny other points for consideration.				
IEPCOT COOPDINATOR'S NAME	DATE	MEDGOT GO	OPDINATORS	