



Aalo

Form No.:

/ 2017

For office use

Regd. No. : 06231 of 2011

Serial no. : 09529 of 2011 Govt. of West Bengal

☎8335893562 (5 pm to 7 pm only) email: aalo.rkmrcn@gmail.com

website: www.aalo.org.in

Imparting knowledge, empowering lives...

✉: Aalo, Post Box No.: 17007

Jadavpur University Post office,

Kolkata - 700032, WB.

Application form for Monthly Scholarship

** fields are compulsory.*

*Application forms in which all the * fields have not been filled in will be rejected forthwith.*

Applications to be submitted on: 26/11/2017.

Paste Photo Here

Personal & Contact Information:

*Name (in BLOCK letters) :

*Present Address :

.....
.....
Dist.: Pin:

*Permanent Address :

.....
.....
Dist.: Pin:

*Date of Birth :
(dd/mm/yyyy)

*Sex: Male Female

*Caste:

*Contact Numbers :

Academic Information :

*Name of the institution currently enrolled in (Higher Secondary) :

*Subjects being studied at present :

Science / Arts / Commerce

1. Bengali

2. English

3.

4.

5.

6.

*Name of the institution from which the candidate has passed class X :

***Details of Madhyamik Examination Result:**

Subject	Full Marks	Marks Obtained	Grade
1. Bengali			
2. English			
3. Mathematics			
4. Physical Science			
5. Life Science			
6. History			
7. Geography			
Total			

Roll No :

Year of Passing :

Percentage of Marks Obtained:

 %

Other academic achievements and honours (if any) (Enclose relevant certificates) :

1.
2.
3.

***Family Information :**

Name

Occupation

Educational Qualification

Father :

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Mother :

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Brothers & Sisters :

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Other Members (if any) (with relationship) :

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***Name of the earning member/s of the family:**

Sl No.	Name of Earning Member	Annual Income

***Total family income (yearly) (attach income certificate) :**

***Dependent total family members (Depends upon the above said income):**

***Approximate net value of permanent assets of the family (e.g.: land/ house) :**

Non- academic achievements and honours (Enclose relevant certificates) :

- 1.
- 2.
- 3.

*Are you applying/getting any scholarship in current time? Yes : No :

If 'Yes', then give the following details :

Name of Scholarship	For how long you have been receiving	Amount (Rs/Month)

I certify that the above information pertaining to academic achievements is true to the best of my knowledge.

Date:

Place:

* Phone Number:

• Address:

Signature of the Head of the Institution with seal
(in which the candidate is currently enrolled at)

Required Attachments:

(Self attested xerox copies of the following documents)

- Mark sheet and Certificate of the Madhyamik examination (board exam).
- Income Certificate.
- Caste Certificate (if any).
- Any other relevant certificates that will increase the eligibility of the candidate for the present scholarship.
- Scholarship is available only for the students currently enrolled in **class XI**.

General Instructions:

- i. The form is completely *free of cost* & should be downloaded only from the official website (www.aalo.org.in) of AALO.
- ii. If any person/agency takes any charges for the form, the management cannot be held liable.
- iii. It is mandatory for the selected students to attend all the programs conducted by AALO and coming to AALO meetings for collecting their scholarships.
- iv. Only the selected candidates will be contacted through phone and they will be eligible for the scholarship.
- v. The certificates & testimonials submitted are subjected to scrutiny by the management. If the committee finds any discrepancies in the form or certificate, even after selection, their scholarship is liable to be cancelled.
- vi. *Eligibility Criteria:*
 - Should have passed Madhyamik exam and should have had enrolled himself for Class-XI.
 - Should have secured more than 70% in Madhyamik for Arts and more than 75% for Science and Commerce to be eligible for the scholarship.

The decision of the AALO management is final and no correspondences will be entertained in this regard.

I certify that I have read and understood all the above instructions and all the information I have provided is true to the best of my knowledge. I understand that I will be liable for prosecution and revocation of all benefits received if any information is found to be false or willfully misleading.

Date:

Place:

Signature of the Guardian

Signature of the Candidate

For office use only

Comments and recommendations:

President

Secretary

Accountant

Received By