2018 SCHOLARSHIP REQUEST FORM

GAURAV FOUNDATION

G-107, VIDYASAGAR OSWAL GARDEN, 210-212, COCHRANE BASIN ROAD, CHENNAI – 600 021



Full Name																		
Gender		Nationali	ity		INDI	AN			Da	ate o	f Birtl	h						
Permanent																		
Address											Pino	ode						
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Different)	fferent) Pincode																	
Landline No. with STD Code Mobile No.																		
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APPLICATION FE			ES Rs. 1500 ONE THO				DUSAND FIVE HUNDRED ONLY											
₹	DRAFT NUM	T NUMBER			D.D. DA			. DAT	ATED									
	BANK						BANK BRANCH											

I hereby agree to all the terms and conditions: Form must be filled in black or blue ink only. Must be filled in Capital Letters and Understandable. Application Form will be sent to the above mentioned E-mail Address ONLY within 5 working days after the CLEAREANCE OF THE DEMAND DRAFT. Application will have Applicants Name, Gender and Date of Birth Pre-Printed as mentioned on this Form. Form cannot be changed, recreated or transferred or photocopied to any other applicant. Our Organization or any Individual of Gaurav Foundation shall not be held responsible for the delay or non receipt for the Application Form. Making a Request Form or Scholarship Application does not give any assurance for scholarship. Application fees shall not be refunded under any circumstances. Gaurav Foundation reserves the rights to amend the terms and conditions at any point (if required) without any prior notice.

DATE:	PLACE :	APPLICANT SIGNATURE