

The Honorary Secretary,
API, Karnataka Chapter, API BHAVANA,
16/F Millers Tank Bed, Vasanthanagar,
Bangalore 560052. Ph.No.08022353525

ASSOCIATION OF PHYSICIANS OF INDIA (KARNATAKA CHAPTER)
APPLICATION FOR AWARD OF SCHOLARSHIP TO UNDERGRADUATE Students FOR THE YEAR
2015-2016 .

1	Name in full	
2	Address for correspondence With phone numbers of Parents / students	
3*	Age (Date & place of Birth)	
4	Sex M/F	
5	Name of father / guardian and their occupation.	
6*	Nativity	
7*	Background	Urban/Rural/
8*	Total income of parents / spouse (Basic salary + DA incase of salaried people)	
9*	School /college where studied before joining MBBS	PU College
10*	Marks obtained a. PUC	<u>Total marks</u> <u>No of Attempts</u>
11*	Ranking in CET	
12*	Marks obtained in the entrance examination for MBBS	
13	Institution where studying	
14*	Fees being paid to the college	

Certified that the information given above by me is correct and true to the best of my Knowledge and belief.
Any wrong statement will debar me for consideration.

* Attached certified copy countersigned by Principal / Head of Institution as proofs. Strike out what is not applicable.

Place:

Signature of the candidate

Date:

Counter signature of Principal / Head of Institution.

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APPLICATION FOR AWARD OF SCHOLARSHIP TO UNDERGRADUATION FOR THE YEAR _____.

I, _____.....studying at _____
..... am applying for Scholarship for the year _____,
Copies of the following certificates are attached with the application.

<u>No</u>	<u>CERTIFICATE</u>	
1	Proof of Age / date & Place of birth	Yes / No
2	Nativity Certificate	Yes / No
3	Background: Urban / Rural	Yes / No
4	Total Income (Basic Pay + DA only for salaried people) of parent / spouse. To be obtained from paying authority or Thasildar	Yes / No
5	School/ College leaving certificate before joining MBBS	Yes / No
6	Mark list PU mark sheet or equivalent University Examination	Yes / No
7	CET / Equivalent with Rank Certificate	Yes / No
8	Marks obtained in the entrance examination MBBS /	Yes / No
9	Fees paid to College/ CET	Yes / No
10	Any other	

Place
Date

Signature of the Candidate