

APPLICATION FORM (MUMBAI)

Please read the following carefully, before filling the form:

Eligibility Criteria

- Students who have successfully passed Std. X (SSC) with **80%** score.
- Students who have family income **equal to OR less than Rs.20000/- per month**.
- Students who currently reside and study in **Mumbai, Navi Mumbai and Thane** area only.

Documents Required

- Attested copy of mark sheets by Principal/Gazetted Officer – Std. 8, 9 & 10
- One recent passport size photograph of the candidate.
- Income Proof/Salary Slips of last three months of all the family members attested by respective employers & Revenue Office/Tehsildar Or Income Certificate of the family from Revenue Office.
- Proof of permanent residence in **Mumbai, Navi Mumbai and Thane** (Ration Card/ Election card/ Electricity Bill/ Telephone Bill).

Selection Process

- Applications will be screened on the basis of the eligibility criteria stated.
- Shortlisted students will be informed within 2- 3 weeks from the last day of application by E- Mail or Telephone.
- The shortlisted candidates will undergo an aptitude test for the final selection.

Please Note:

- Kindly read and understand the eligibility criteria and documents required before filling the form.
- The form should be completed in capital letters as far as possible.
- All complete application forms must reach the office address given or be mailed to the E-Mail ID provided by **15th July 2016**.
- Applicants not short - listed for the scholarship will not be informed.

THE MANAGEMENT DECISION ON THE SELECTION OF STUDENTS WILL BE FINAL AND BINDING.

COMPLETED APPLICATION FORMS CAN BE PHYSICALLY SUBMITTED, COURIERED/POST OR EMAILED TO:

**Merck India Charitable Trust,
Merck Limited, 8th floor, Godrej One, Pirojsha Nagar, Near Eastern Expressway,
Vikhroli (E) Mumbai 400018**

Call: 022-9210 9000/9800/9472 | Email: merckcharitable@merckgroup.com

PERSONAL DETAILS

FILL IN CAPITAL LETTERS

Candidate Name: Mr. / Ms. _____
(First Name) (Middle Name) (Last Name)

Date of Birth: ____ / ____ / ____ **Place of Birth:** _____
(DD) (MM) (YY)

Family Details:

Name	Relation to the candidate	Service/Profession (N.A if not applicable)	Contact Number
Father's /Guardian's Name			
Mother's/ Guardian's Name			
(Other Members)			
(Other Members)			
(Other Members)			
(Other Members)			

Are you related to any MICT scholars from previous years? Yes _____ No _____

If Yes, Specify Relation _____

Present Address: _____

Permanent Address: _____

Contact Details of the Candidate: Tele No. (R) _____ (Mobile) _____

How did you learn about the Merck India Charitable Trust Scholarship Program?

Newspaper Website Non-governmental organization (NGO)

Any other _____

Name of newspaper/website/NGO _____

EDUCATION DETAILS OF THE CANDIDATE (Please enclose relevant certificates attested by a gazette officer)

Examination Passed	Name of the School / Div. Board / University, Location	Month & Year of Passing	Marks Obtained / Total Marks	Percentage of Marks (%)
CLASS X				
CLASS IX				
CLASS VIII				

Specify any academic / merit /Co- Curricular achievements or awards that you have received in the past:

Specify the educational course that you would like to pursue henceforth:

Mention your reasons for choosing the above field of study and how do you think it will benefit you?

Which are the educational institution(s) you wish to apply to?

FINANCIAL DETAILS

Total number of earning members in your family _____

Total Family Income
Per month

Below Rs. 5000

Rs. 5000 - 10000

Rs. 10000 – 15000

15000-20000

Details of the candidate's current source of financial support for education: _____

State your reason for seeking extra financial aid: _____

Declaration by the Applicant and Parent/Guardian

I hereby declare that the information given above is correct. I am not availing any other scholarship for this purpose from any other sources. I undertake that if at any stage, it is found that any information provided is wrong or misleading; the scholarship is understood as seized immediately.

Signature of Applicant _____

Signature of Parent / Guardian _____

Date _____

Date _____

(ANNEXURE 1 PERSONAL DECLARATION OF FAMILY INCOME)

I, _____, father/mother/guardian of
(name of student) _____, hereby
declare that my annual family income from all sources is Rs. _____ (in words) _____

And I have also attached the proof for the same.

If at any stage, it is found that the information given by me is false/not true; all benefits given to the student under the Merck India Charitable Trust Scholarship Program could be withdrawn.

Signature of Parent / Guardian _____ **Date** _____