



Kashmir Education Initiative in collaboration with Iqbal Memorial Trust Scholarship Application Form (2019)



Form No.: KEI/_____

PART 1

Name _____ Father's name _____

Date of birth: ____/____/____ Present Class: _____

Contact No1: _____ Contact No2: _____

Permanent Address: _____

_____ District: _____ Pin Code: _____

Name of the school currently studying in: _____

School Address: _____

School Contact number: _____ Principal's Mobile: _____

Attach a passport size
photo attested by
School Authority

Please do not staple.

ACADEMIC RECORD

Class	School	Year of Passing	Board/ DIET Roll No.	Percentage (%) Marks of DIET External (T2)

Names of any scholarships/organizations (other than KEI) to which the applicant has applied and /or is receiving from at the time of filling this form.

I declare, under oath, that all the information furnished is true to best of my knowledge.

Student's Signature: _____

Date: _____

Name & Signature of Parent/Guardian:

Attested by Principal with Name & School Stamp:

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

NOTE: In case any information provided by the applicant is found wrong, his/her application will be immediately rejected without any notice.

This form is available free of cost. In case you need assistance in filling this form, call us at any of the following numbers:
0194-2310040, +91 9469156958 (between 10am to 5pm)



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PART 2

Name of Guardian(s)	Relation with Applicant	Occupation	Annual Income

Sibling information

Total number of brothers of the applicant and their age (as on 31 /12/2018) _____

Total number of sisters of the applicant and their age (as on 31 /12/2018) _____

INCOME & FINANCIAL DETAILS:

a. Father's gross annual salary/income: Rs. _____

b. Mother's gross annual salary/income: Rs. _____

INCOME FROM:

c. Agriculture: Rs. _____

d. Orchard: Rs. _____

e. Other sources: Rs. _____

Total Gross household annual income from all sources (a,b,c,d,e): Rs. _____

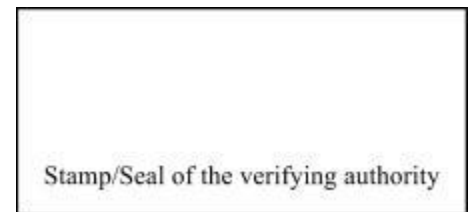
"I, the undersigned parent/guardian of the applicant, declare that the information given above is true. I understand that the Merit-cum-Means Scholarship, if awarded to my ward, is liable to be withheld or discontinued at the discretion of the Board of Directors of KEI, without assigning any reason. I shall also be personally held responsible for the refund of the scholarship amount (paid to my ward by KEI) in the event of any information in this declaration or in the enclosed scholarship application form, being proved wrong at any point of time."

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

Full Name: _____

Address with Pin Code: _____

Contact No.1: _____ **2:** _____



Signature with name & official stamp of Tehsildar OR president of local masjid committee/auqaf

_____ **Date:** _____ **Contact No.** _____



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If any of the parents/guardians are salaried employees (who are in full or part time, government or private employment) a Last Pay Certificate (LPC) duly stamped & sealed by the Salary Disbursing Officer must be submitted, in addition to the above certificate.

Personal Statement

Dear applicant, please tell us your Story. Describe yourself, your family, your life experiences, your goals and ambitions.
