

APPLICATION FORM FOR SCHOLARSHIP
(For Hon'ble Chief Minister Relief Fund)

To,
The Hon'ble Chief Minister,
Government of West Bengal, Uttarkanya,
P.O. Satellite Township, Fulbari,
Jalpaiguri – 734015

<u>Personal Information</u>	
Name of Applicant:	
Father's Name:	
Date of Birth:	Gender:
Religion:	Category:

<u>Contact Information</u>		
Permanent Address :		
District:	State:	Pin:
Mob No:		
Email ID:		

<u>Educational Qualification</u>				
Degree/ Certificate	Institute	Board/University	Year of Passing	Aggregate %

<u>Current Course Details</u>	
Course Name:	
Duration of the Course:	Session:
Name of the Institute:	
Address of the Institute:	

I hereby declare that all the details furnished above are true to the best of my knowledge.

Date: _____

Place: _____

Signature of the Applicant