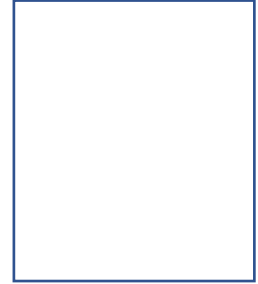




SHRI SHANKARACHARYA MAHAVIDYALAYA JUNWANI, BHILAI (C.G.)

Scholarship Application Form

Session : _____
Application Date : _____
Application Sanctioned Date : _____
Course Name : _____



Student Details

Application Name _____
Father's Name _____
Mother's Name _____
Date of Birth _____ Is Resident of Chhattisgarh YES/NO _____
Caste Category _____
Gender _____ Orphan _____ YES/NO _____ Disabled _____
Applicant's Family Income (PA) _____
Marital Status _____

Student Prequalifying Details

Last attended School/College/Institute _____
Last Exam Passed _____
Last Exam Passed Year _____ Last Exam Marks / Percentage _____

Institution Details

Subject _____
College Admission Number _____ Date of Admission _____
Joining Date _____
Is Fee Paid? YES / NO
Fee Receipt Number _____ Receipt Date _____ Fee Amount Paid _____
Quota : NCC/NSS/SPORTS/EBC/Critical Illness

Head Clerk Sig.

HoD Sig.

Accountant Sig.

Bank Account Details

Bank Name _____ Branch Name _____

Account Number _____

Contact Details

Telephone Number _____ Mobile No. _____

E-mail Address _____

Address for Correspondence _____

Pin Code _____ District _____

Parent / Guardian Details

Name _____

Relation With Applicant _____

Profession _____ Annual Income _____

Telephone Number _____ Mobile Number _____

E-mail Address _____

Document Details

Caste Validity Certificate Number _____ PAN No. _____

Income Certificate / Affidavit _____ Aadhar Card No. _____

DECLARATION

The information furnished by me is complete and correct. I bear the complete responsibility for all the above information provided.

Applicant's Signature _____

Parent's Signature / Guardian Signature _____

Principal / Additional Director's Signature _____