

EMPATHY FOUNDATION

Promoted by



SUGAL & DAMANI GROUP

Inward No.

New

SCHOLARSHIP FOR VOCATIONAL TRAINING & EDUCATION

Renewal

Academic Year - 2014 - 2015

APPLICATION FORM

Student's Name _____

Date of Birth ___/___/___ Sex - Male / Female

Name of the Institution _____

Course _____ Duration _____

Latest photo of the student
(Passport size)

Full Name of Father / Mother / Guardian :-

Permanent Residential Address _____

Contact No.: Res.: _____ Mobile _____

Email - _____

Latest photo of the
father /mother
(Passport size)

Profession: _____ Monthly family Income Rs. _____ Dependents: _____

1) Name & Address of the Employer

(Furnish details with Tel.No.)

Income certificate from the employer to be enclosed

2) If self employed / business

(Furnish details with address & Tel. No.)

3) I solemnly declare that the above details are true to best of my knowledge and belief. I or my ward will not apply scholarship from any other institution but in the event I receive financial assistance from other sources, I will declare the same to your Trust. I hold myself solely responsible for suppressed or false information. In case of false or incorrect information I agree to return the entire amount of scholarship to the institution. I also agree to abide by the rules of scholarship granted.

Signature of the Student

Signature of the Parent

4) Details of bank account of Student:-

i) Name of the Payee (as in the bank A/c) : _____

ii) Name of the Bank : _____

iii) Bank Branch & Bank A/c No. : _____

5) Documents enclosed with the application :-

i) One copy of passport size photograph

ii) Attested certificates of educational qualification.

iii) Income declaration affidavit on non judicial stamp paper and income certificate from the employer.

iv) Proof of permanent residence.

(2)

6) Verification/information to be furnished by the Head of institution : -

it is certified that the information filled in the above mentioned columns by
Shri/Smt/Kumar/Kumari _____ S/O,D/O,W/O
Shri _____ who is admitted / studying in
_____ institute is correct & I recommend that the applicant
be considered for the scholarship.

Signature of head of the Institution / Principal

(Contact No.- _____)

Date :

(Official Seal)

Place:

(FOR OFFICE USE ONLY)

APPROVAL :

REF : _____

APPROVAL FOR Rs. _____ AMOUNT TO BE PAID TO _____

CHIEF EXECUTIVE

TRUSTEE

RECEIPT DETAILS

PAYMENT DETAILS

DATE	RECPT.NO.	AMT. DEPOSITED	DEPOSITED BANK	CHEQUE NO	CHEQUE DATE	AMOUNT	REMARKS
