

**DOCUMENTS TO BE ATTACHED:**

<b>Required Document</b>	<b>Yes/No</b>
Proof of admission in a recognised institute/ admission call letter issued by the institute -----OR-----	
Annexure I-with institutes preference	
Annexure II- letter from colony leader stating the candidate is residing in the colony	
03 Passport size photographs	
Attested Birth certificate/proof of age	
Attested Mark sheets for X , XII/ Graduation	
Attested Leprosy Certificate of parent/s	



7. Date Of Birth *(Please Enclose Age Proof)*

D	D		M	M		Y	Y	Y	Y

8. Details of Educational Qualification: Matriculation/SSLC/SSC/Graduation (Please Enclose Certificates)

Examination Passed	University /Board /Council	Main Subjects	Year of Passing	Percentage	Division	Type of institute (Pvt or Govt)

9. Name of the course you have been selected for *(Attach admission letter/call letter/admission proof) else, Fill the Annexure-I*

Name of the course	
Name of the institute	
Address of the institute	
Whether recognised by Government of India (Yes/No)	

10. Kindly mention the Name/s of your sibling/s who has got scholarship from S\_ILF in the past. (if no, leave it blank).

Name	Course	Selection year

I..... (Name of the Applicant) hereby declare that to the best of my knowledge the above information furnished by me is true and I understand that if at any stage, it is found that the information provided by me is false/ not true, all the benefits given to me under “HH Dalai Lama-Sasakawa Scholarship Programme” could be withdrawn.

Date:

Signature:

**ANNEXURE I**

I.....son/daughter of.....residing in.....colony, want to pursue higher studies in academic Year 2019-2020.

I will be taking the following Entrance Examination for admission into .....(Name of the course);

- 1. ....  
..... (Name & address of the institute)
- 2. ....  
..... (Name & address of the institute)
- 3. ....  
..... (Name & address of the institute)

**ANNEXURE II**

**Declaration Form (To be filled up by the Colony Leader)**

I..... (Name of the colony leader) hereby certify that Mr/Miss..... has been residing in this colony.....(Name of the Colony) and his/her parent/ parents.....(Name of the parent/ parents) is/are affected by leprosy. I certify that, to the best of my knowledge, the information provided by the candidate is true. I recommend him/her for SILF's HH Dalai Lama-Sasakawa Scholarship Programme.

Date:

Signature: