**Asraya Educational Trust**

AFFIX ONE PASSPORT SIZE COLOR PHOTOGRAPH

APPLICATION FOR FINANCIAL ASSISTANCE

(*To be filled in by the student / Concerned Authority)*

**1. Personal Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(a)** Student’s Name (in capital letters): | | | | | |
| **(b)** Date of birth (DD-MM-YYYY): | Sex: Male |  | Female |  |  |
| **(c)** Father’s Name : Age: Education: Caste: | | | | | |
| Occupation(in detail): | | | | | |
| **(d)**. Mother’s Name: Education: Occupation: | | | | | |
| **(e)** Gross Annual Income of Family (including all members): Rs. | | | | | |
| **(f) Are you a previous Beneficiary of the Trust:** Yes 🞏 No 🞏 **Support Period Year(s)**: | | | | | |

(Copies of Income Certificate/Salary Certificate/Pension Payment Order to be submitted later when asked for.)

**2.** **Address: (IN CAPITAL LETTERS)**

|  |  |
| --- | --- |
| Present Address: (for correspondence) | Permanent address: |
|  |  |
|  |  |
|  |  |
|  |  |
| PIN: | PIN: |
| Contact Phone: | Contact Phone: |
| e-mail address: | e-mail address: |

**3. Academic Record:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the Examination Passed | Year of completion | SSC / Inter Board | Registration No./ Roll No. | Marks obtained | | Remarks (Like Rank or other achievements if applicable) |
| Full Marks | % marks |
| Higher Sec. School  (10th Class) |  |  |  |  |  |  |
| **+ 1** (Intermediate) |  |  |  |  |  |  |
| **+ 2** (Intermediate) |  |  |  |  |  |  |
| Degree / Diploma |  |  |  |  |  |  |

**4. Academic Extra Curricular Activities if any: (Specify)**

|  |
| --- |
|  |

**5. Particulars of Course for which assistance is required:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course enrolled in** | **Year/ Semester** | **Name, address & contact number of the College** | **Type of institution: Govt/ Govt.-aided/ Private** |
|  |  | Name:  Address:  Contact No: |  |

**6**. **Date of Admission / Commencement of Classes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7**. (a)If assistance is given, do you agree to pay back the amount, once you start earning after completion of your study so that this amount shall be contributed to another deserving student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) All beneficiary students are requested to participate at least in one SERVICE ACTIVITY conducted by the Trust. Please confirm your availability to participate. Yes 🞏 No 🞏

**8**. **Statement of Expenses for the current Academic Year:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Items of expenses** | **Expenses in Rs.** | **Applicability** | | **Remarks** |
|  |  | YES | NO |  |
| College Fees: |  |  |  |  |
| Examination Fees |  |  |  |  |
| Books & Stationery |  |  |  |  |
| Uniform |  |  |  |  |
| Others (Specify) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| TOTAL |  |  |  |  |

**9**. Name, designation/position/ and Addresses with **PIN and telephone Nos**. of 2 persons (not related to you), of your locality, who can be contacted to get more information about you and your family.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PIN................ PIN.......................

Contact Phone: ...................... Contact Phone: .....................

E-mail id: E-mail id:

**10. Declaration by the Student:** *I hereby declare that the information given above in this application is true and correct to the best of my knowledge and belief. If at any stage it is found that I have provided any false information, then my financial assistance will be discontinued and I may be asked to return the amount immediately.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Applicant Signature of Applicant Date

**11. Declaration by the Parent/Guardian**: I hereby confirm that the above information is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Parent/Guardian Signature of the Parent/Guardian Date

**12. Certificate by the College Principal / Authorities:** Certified that the above named student of our College was not granted /availed any other Scholarship/Financial Assistance. As per my assessment, the student deserves/does not deserve financial assistance to pursue his/her study.

Signature (With College Seal) College Phone No:

Name: Designation: Date:

Enclosures: (a) Marks Sheets of previous year (b) Income Certificate / Ration Card (c) 2 Recent Color Photos