

DAAR UL-REHMAT TRUST'S
A.E.KALSEKAR DEGREE COLLEGE

SCHOLARSHIP FORM
[2017-2018]

SR.NO. _____

Applicant Student's Name: _____

Class & Roll No. : _____

Father's /Guardian's Name: _____

Residential Address : _____

Date of Birth / Age : _____

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Total Family Income	
Occupation of Head of the Family	
No. of Family Members.	

Details of Financial assistance received from other source: _____

Total Fees for the Academic Year : _____

Dear Sir / Madam,

I hereby request you to kindly grant Financial Assistance / Scholarship for _____ Class, for the _____ Academic Year. I hereby declare that I belong to economically weak section of the Society and the details given above are true to the best of my knowledge and belief.

Parent/Guardian
Name & Sign

Date: _____

Applicant Student
Name & Sign

Date: _____

FOR OFFICE USE ONLY

Name : _____ Annual Fees : _____

Conduct : _____ Paid Fees : _____

Progress : _____ Balance Fees : _____

Attendance: _____ Verified By : _____

Participation in Activities: _____

Remarks: _____

Sanctioned/Rejected

Sign of Sanctioning Authority

Documents Required:-

1. Copy of Mark Sheet of Previous Exam
2. Income Proof/Salary Certificate, etc.
3. A letter from the applicant / Guardian justifying need of financial assistance financial status & Merit of the case.