

**APPLICATION FOR PRE-MATRIC SCHOLARSHIP FOR STUDENTS
BELONGING TO MINORITY COMMUNITIES 2014-2015**

Paste here a self
attested (to be
signed by
parent/guardian
for students of
class I to V)
passport size
photograph

Please tick () FRESH RENEWAL

Admission Number of Applicant :

Name of School :

Part.I - Details of Student

1. Name of Student (In BLOCK LETTERS, Initial should be entered after the name) :

2. Class in which the applicant is studying :

3. Date of Birth [DD/MM/YYYY] (As per the school Record) : / /

4. Gender [Please (✓)] : Boy Girl

5. Nationality :

6. Name of Father/ Mother/Guardian (as applicable) :

Relationship [Please (✓)] Father Mother Guardian
 Yatheem Orphan

7. Religion [Please (✓)] :

Muslim	Christian	Sikh	Buddhist	Parsi	Jain
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8. Residential Address

House Name/No.	:	<input style="width: 320px; height: 20px;" type="text"/>
City/Town/Village & P.O	:	<input style="width: 320px; height: 20px;" type="text"/>
District	:	<input style="width: 320px; height: 20px;" type="text"/>
Pincode	:	<input style="width: 320px; height: 20px;" type="text"/>
Mobile No. (If any)	:	<input style="width: 320px; height: 20px;" type="text"/>
		<input style="width: 320px; height: 20px;" type="text"/>

N2/21836/2014/DPI

DECLARATION OF PARENT/GUARDIAN – REGARDING COMMUNITY
(Specimen) (Should be prepared in plain paper (A4 size))

I **(Name of father/mother/guardian)** F/o or M/o/or G/o **(Name of Pupil)** who is studying in Std.....at **(Name of School)** hereby declare that my annual income from all sources is Rs.**(in figures)/- (Rupees(in words))** only).

I **(Name of father/mother/guardian)** F/o or M/o or G/o **(Name of Pupil)** who is studying in Std.....at **(Name of School)** hereby declare that my son/daughter is belongs to **(caste/Religion)** of minority community.

If any stage, it is found that the information given by me is not true, all benefits given to the student under the scheme of “Pre-matric scholarship for students belonging to minority communities” could be withdrawn and legal action as deemed fit, may be taken against me or my ward.

Signature

Name:

(Father/Mother/Guardian)

Date:

**Residential Address
with phone No.**