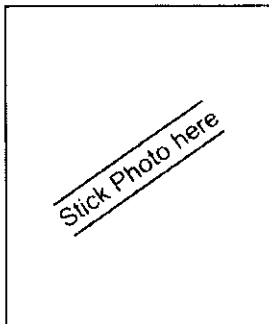


APPLICATION FOR SCHOLARSHIP / FINANCIAL ASSISTANCE

KHIMJI BHAGWANDAS CHARITY TRUST

C/o. Ghoghari Lohana Mahajan, Lohana Bhuvan, Paliram Road, Behind Municipal Office,
Andheri (West), Mumbai - 400 058. • Tel.: 022 - 2628 3715

E-mail : kbctrust@hotmail.com • Website : khimjibhagwancharitytrust.org



For Office Use Only

Application No. : _____

Date : _____

Membership No. : _____

All details marked below must be clearly stated by the applicant and no column must be left blank.

Full Name (Surname First) _____
SURNAME FIRST NAME FATHER (HUSBAND NAME) MOTHER NAME

Present Address For Correspondence _____

Tel. No. : _____ Mobile No. : _____ E-mail : _____

Permanent Address : _____

Age : _____ Date of Birth : _____ Maritual/Aadhaar Number Status : _____

Details of School Career (Full details expected - If necessary give details on separate sheet)

Name of School	University / Board	Last Exam Passed	Year	UNIVERSITY / BOARD		
				Class	Name	Percentage

Details of University Career

Name of College	University	Degree / Diploma Exam Passed	YEAR	UNIVERSITY / BOARD		
				Class	Name	Percentage

Any Special Distinction / Scholarship Obtained : _____

Post Graduate & Research Work (If Any) : _____

Experience / Practical Training (If Any) : _____

Present / Last Employer's Name (If Any) : _____

_____ Tel. No. : _____

Present (Last Drawn) Salary : Rs. _____ Per Month.

Father Name : _____

Education : _____ Employment : _____ Salary : _____

Tel. No. : _____ Mobile No.: _____ E-mail : _____

Mother Name : _____

Education : _____ Employment : _____ Salary : _____

Tel. No. : _____ Mobile No.: _____ E-mail : _____

PROPOSED COURSE OF STUDY	YEARS REQUIRED	FEES PER YEAR	
		TUTION	BOARDING & LODGING

Admission Has Been { Secured at _____
 { _____
 { Sought at _____
 { _____

Total Amount of Scholarship from **KHIMJI BHAGWANDAS CHARITY TRUST**

Rs. _____ Desired for this Term / Year : _____

If you have applied for Assistance / Scholarship to any other Trust / Institute :

NAME OF THE TRUST & ADDRESS	AMOUNT REQUESTED	AMOUNT SANCTIONED

Details regarding person who will guarantee repayment of the Education Assistance(atleast two)

1) Name & Full Address : _____

Occupation : _____

Income Per Month Rs. _____ Relation to Applicant : _____

Tel. No. : _____

Date : _____

(Signature of Guarantor)

2) Name & Full Address : _____

Occupation : _____

Income Per Month Rs. _____ Relation to Applicant : _____

Tel. No. : _____

Date : _____

(Signature of Guarantor)

Name & Address of three references under whom the applicant has studied or worked or is personally Known :

1. _____

2. _____

3. _____

I agree to abide by the terms & conditions of **KHIMJI BHAGWANDAS CHARITY TRUST.**

Yours Faithfully,

Date : _____

(Signature of the Applicant)

(Signature of Parent / Guardian)

Family Information (Please Fill All the Columns) :

	Family Members	Name	Age	Education	Employment / Occupation	Gross Annual Income
1	Father					
2	Mother					
3	Other Earning Member					
4	Other Earning Member					
5	Other Earning Member					

Employer's Name & Address in Full (of Earning Member) : _____

1. _____
2. _____
3. _____
4. _____
5. _____

Bank Account Details of Higher Institution :

Account No. : _____ Account Types : _____

Bank Name : _____ Branch : _____

Address : _____ RTGS/IFSC Code : _____

MICR Code : _____ Branch Code : _____

Date :

(Signature of Father / Guardian)

Received from the **KHIMJI BHAGWANDAS CHARITY TRUST** a sum of Rs. _____ as Financial Assistance / scholarship. I solemnly promise to return the said amount of Financial Assistance given to me as soon as possible after my education is completed.

I solemnly promise to return the amount, together with amount of further financial Assistance if any, in installment as may be fixed by **KHIMJI BHAGWANDAS CHARITY TRUST** taking into consideration over all income etc.

I / We shall abide by the rules of the **KHIMJI BHAGWANDAS CHARITY TRUST**. I / We further agree that decision of the **KHIMJI BHAGWANDAS CHARITY TRUST** with regards to amount of installments and period of payment shall be binding on me / my / award / my guarantors.

Student Signature

Guaranted by Parents / Guardian

Guarantors shall preferably be some prominent known person in the community.

Name & Address Telephone / Mobile No. / E-mail ID

1) _____

2) _____

Name & Address of witness :

1) Name :

Address :

Tel.:

Signature of Witness

2) Name :

Address :

Tel.:

Signature of Witness

DOCUMENTS REQUIRED WITH FORM

- 1) Membership No. of Ghoghari Lohana Mahajan.
- 2) Certificate of Ghoghari Lohana From Local Mahajan.
- 3) All marksheet copy of School/College.
- 4) Copy of Fees Payment Receipt of School/College.
- 5) No Scholarship for going abroad for study.
- 6) For graduation/post graduation studies Financial Help shall be returned at the earliest by the student.
- 7) Local Mahajan shall contribute 30% of total amount requested by the applicant. (Attach the copy of cheque if received.)
- 8) KYC documents to be attached with the application.
 - Last 6 months electricity bill and Bank Passbook copy of all earning members.
 - Mobile/Telephone Bill. (6 months last)
 - Aadhaar Card, Pan Card, Ration Card Copy.
 - Rent or maintenance Bill.
 - Photograph of the Student.
- 9) Income details of all Earning members in the family.
- 10) Financial assistance will be provided for Education fees only. No Hostel assistance fees will be provided.
- 11) The cheque will be issued in the name of School/College Only. (Not in Personal/applicant's name).

FOR OFFICE USE

Application Receivers (Date) _____

Recommended By : _____

Amount Requested Rs. _____

Amount Sanctioned Rs. _____ By Shri _____

Amount Paid Through Bank _____

Cheque No. _____ Date _____ Rs. _____