



FORM I-1

Certificate of Academic Excellence

[To be filled in by the head of the institution where the student is currently enrolled]

1. Name of the applicant _____
2. Name of the institution _____
3. Class/ grade the applicant is in _____, Roll Number of the applicant _____
4. Number of students in his/ her class _____, Rank of the applicant in his/ her class _____
5. Attendance (in percentage): _____ [= 100 X (the number of days when the applicant was present in the institution)/(total number of working days); *It MUST be based on the Students' Attendance Register for at least a period of six months*]
6. The name of the school examination that the student took recently _____
 Time of the examination (month & year) _____
 Percentage of total marks obtained by the student _____
 Subject(s) in which the applicant obtained less than 50% of the total marks _____
7. For how long do you know the applicant? _____ years and _____ months
8. Kindly **circle** the answer to each of the following questions

Questions	Answers
a) Does the applicant need to study in this institution for next six months?	<u>Yes / No / Don't know</u>
b) Do you think that the applicant needs some financial help (like DIVA scholarship) in addition to that he/ she receives from his/ her family to pursue his studies?	<u>Yes / No / Don't know</u>
c) Do you think that some sort of financial help (like DIVA scholarship) will help the applicant excel in his studies?	<u>Yes / No / Don't know</u>
d) Do you think that the student has the potential to prosper in life?	<u>Yes / No / Don't know</u>
e) As a part of our program we expect the recipient of the DIVA scholarship to teach two people, who lack the minimum education, to read and write. Do you think the applicant is capable of taking that responsibility?	<u>Yes / No / Don't know</u>

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9. Kindly comment on the applicant's academic integrity and desire to prosper in life and any other information to help us evaluate his/ her credentials. Kindly attach extra pages if necessary.

Lined area for providing comments and evaluation.

DECLARATION

I hereby certify that the information furnished above is true to the best of my knowledge, and I agree to cooperate fully with the members of DIVA to evaluate the applicant's eligibility in future as well.



Signature _____
Name (please print) _____
Today's date (dd/mm/yyyy) _____
Title _____

Name of the institution _____

Address _____

State _____, PIN _____

Phone (STD/area code) _____ (Number) _____

Email _____, Fax _____