

SCHOLARSHIP APPLICATION FORM

(form should be fill by the student in capital letters only)

PARUL AROGYA SEVA MANDAL

	Please affix passport size photograph
Name of Student	
Enrollment No.	
Name of Institute	
Admission Year	
Current Semester / Year	
Tuition Fees for the Semester / Year	
Percentage of marks / CGPA of last Semester / Year (Attested copy of Result to be enclosed)	
Semester / year wise Backloge /ATKT if any	
Annual Income of the family (Attach Proof)	
Address	
Mobile No. Of Student	
Mobile No. Of Parents	
Email ID	
Category	
Reason for requirement of Scholarship	
Did received any Scholarship earlier from Parul Arogya Seva Mandal	
Declaration by student: I hereby declare the above information provided by me is correct and to the best of my knowledge. I also declare that I am not getting any kind of Scholarship from Government / any charitable trust.	
Signature of Student along with date	
Approved Scholarship Amount	
Signature of Managing Trustee	
Remark	