



THE MOULA'S EDUCARE

SOCIAL WELFARE FOUNDATION

NOORANI MANZIL, NEAR DR. DORLE HOSPITAL, RAVINDRA NAGAR, MIRAJ-416410

Taluka – Miraj District- Sangli

Reg No.- Maharashtra/256/12

APPLICATION FORM

FOR OFFICE USE ONLY

Sr. No.	Year	Wheather Approved	Approved amount	Signature of Director

Application No. _____

Academic Year _____

Application Date _____

College Name _____

Course Name _____

Affix a self-
attested passport
size photograph

APPLICANT'S DETAILS

1. Full Name (in BLOCK letters)

(Surname)

(First Name)

(Middle Name)

2. Domicile State/UT(State/UT which the student belongs to)_____

3. Email Address_____

4. Mobile No. _____

DETAILS OF COURSE

- i. Name of the technical/professional course: _____
- ii. Duration of course: _____
- iii. Academic year: _____

DETAILS OF COLLEGE

- i. Name of the college where admitted _____
- ii. Address of college/institution _____

- iii. Telephone No. _____ - _____ Fax No. _____
- iv. Email Address _____
- v. To which university it is affiliated _____
- vi. Total Annual Course Fee Rs. _____
(Break up of course fee such as tuition fee, library, and examination & other than refundable deposits)

Sr. No.	Item	Annual Fee
1		
2		
3		
4		
5		
	Total	

DETAILS OF FAMILY

1. Father's Name/ Husband's Name _____

Fathers' Occupation _____

Annual Income _____ Age _____

2. Mother's Name _____

Mother's Occupation _____

Annual Income _____ Age _____

3. No. of Brothers _____

i. Name _____

Occupation _____

Annual Income _____ Age _____

ii. Name _____

Occupation _____

Annual Income _____ Age _____

iii. Name _____

Occupation _____

Annual Income _____ Age _____

4. No. of Sisters _____

i. Name _____

Occupation _____

Annual Income _____ Age _____

ii. Name _____

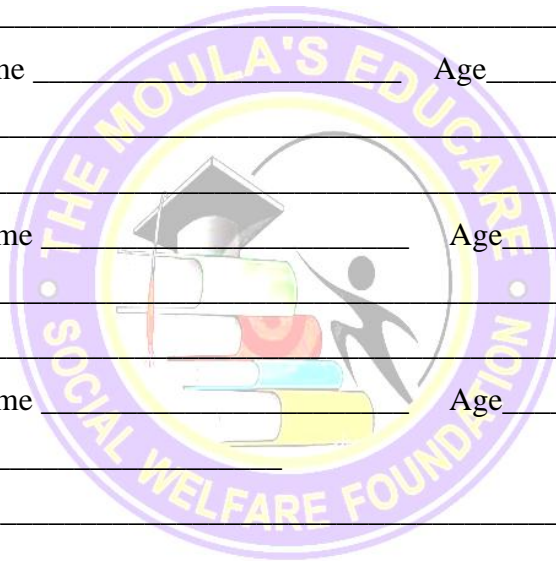
Occupation _____

Annual Income _____ Age _____

iii. Name _____

Occupation _____

Annual Income _____ Age _____



DOCUMENTS ENCLOSED WITH THE APPLICATION

- One copy of passport size photograph with signature
- Attested certificates of all educational qualification as filled up in Educational Qualification
- Income Certificate
- Proof of permanent residence
- Caste Certificate
- Non- Creamy layer Certificate
- Validity Certificate
- Ration Card

DECLARATION

The information furnished by me is complete and correct. I bear the complete responsibility for all the above information.

(i) I hereby declare that the information given above is correct to the best of my knowledge and belief.

(ii) I am not availing any other scholarship for this purpose from any other source excluding government scholarship.

(iii) I shall abide by the terms and conditions for sanction of the Post-Matric Scholarship.

(iv) I undertake, that if at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false or if I violate the terms and conditions of the scholarship, the scholarship sanctioned to me, may be cancelled and the entire amount of scholarship will be refunded by me or recovered from me, apart from liability for such penal action a warranted by law

Date:

Place:

Applicant's Signature

Parent's Signature



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COLLEGE VERIFICATION FORM

It is certified that the information filled in the above mentioned by
Shri/Smt/Kumari
S/O,D/O,W/O Shri
who is admitted in course for the academic
session..... in college is
correct. He/she is a hostler/day scholar of the college.

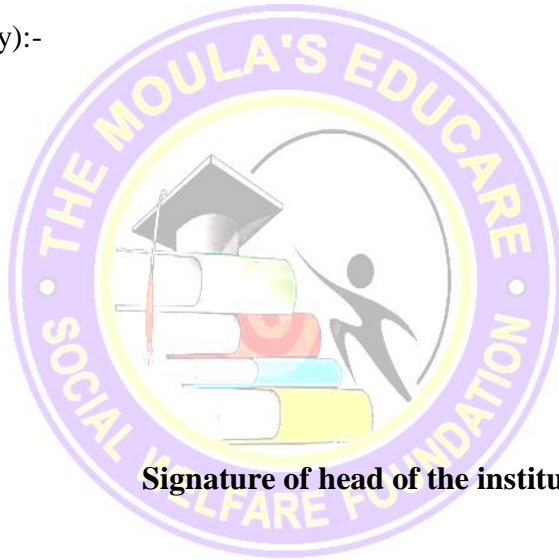
For Renewal of scholarship:

It is certified that the above mentioned student has passed the
..... examination for (Year) and has attained
..... % of marks.

It is also certified that the student has not changed the course of study and/or the
institution of the study for which the scholarship was originally awarded/has changed the course
of study and/or institution with prior approval of the state government (please strike out which is
not applicable).

Details of bank account of institution/college (For deposit of course fee):

- i. Name of the Payee (as in the bank accounts)
- ii. Name of the Bank
- iii. Bank Branch (full address)
(State) (District)
(Pin)
- iv. Branch Code Number.....
- v. Bank Account Number..... (in words.....)
- vi. Type of Bank Account..... (Saving/Current)
- vii. MICR code of the Bank
- viii. Mode of Electronics transfer available in the Bank ECS/RTGS/NEFT/CBS/code number (if any):-



Signature of head of the institution/college with official seal

Date:

Place:



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DECLARATION OF FAMILY

I..... (Parent/
Guardian) of (Name of the student) who is studying in
..... hereby declare that my annual income
from all sources is Rs..... in word if at any
stage, it is found that the information given by me is false/true, all benefits given to the student
under the scheme of “Merit cum means based scholarships” to the student belonging to minority
communities” could be withdrawn and legal action as deemed fit, may be taken against me or my
ward.

Date:

Signature
(Parent/Guardian)

OFFICE VERIFICATION

From the above filled information of applicant and parent and from detail enquiry of
applicant and its family by our trust body it is clear that the applicants and its familys financial
condition is very poor. Applicant is applicable/ Not applicable for the scholarship.

Date:

Directors Signature

Advisors Signature