

JEEVA KARUNYA CHARITABLE TRUST

BISHOP'S HOUSE, MANIPPARA P.O, KARIMPAN

IDUKKI - 685 602

Reg. No. 92/IV/12

Application for Education Scholarship, 20.....

Registration ID : (For Office use)

Affix
Passport
size Photo

Name of the Course :

1 Name of the Candidate :

2 Date of Birth :

Age :

3 Sex :

4 Details of Father/Guardian :

a) Name of Father :

b) Name of Mother :

c) Permanent Address :

5 Details for Communication :

a) Correspondence Address :

b) Telephone No with STD Code :

c) Mobile (Own) :

F/M/G :

d) Email ID :

6 Nationality :

7 a) Religion :

b. Caste

If Catholic,

Name of Parish :

Name of Diocese :

8 Details of previous Examination Passed

(SSLC On wards)

Name of Course	Year	School/College	Board/University	Score	%
SSLC					

9 Name of School last attended:

I - IV					
V - VII					
VIII - X					
XI - XII					

10 Details of Family members:

Sl. No	Name	Age	Occupation	Study/ Work	School, College/ Office
1	Father				
2	Mother				
3					
4					
5					
6					
7					

11 Details of any other Scholarships received:-

12 Details of Present Course and Institutions:-

- 1 Name of the Course joined
- 2 Name of Institution
- 3 Admission No.
- 4 Duration of the Course
- 5 Details of fee

(Including course fee/ Hostel fee etc) (attache details)

13 Documents enclosed with the application (Please tick \checkmark)

- 1 One copy of Photograph (Pasted)
- 2 Attested copies (By HM/Principal of previous School)

14 Declaration by the Candidat/ Father/ Guardian

Certified that the statement made by me in this form is correct

Name and signature of candidate

Name and signature of Father/Guardian

15 Verification/ Certificate by the Head of the Institution (SSLC/Plus Two)

- i This is to certify that the information furnished by Shri/Smt/Kumari.....
S/o, D/o..... who's a student of this
school.....incourse during
.....(year) is correct.
- ii it is certified that the student maintains good disciplinary standard.
- iii Reasons for recommending . (specify)

Place

Signature/ Name

Date (seal)

Phone No.

16 Certificate by the Parish Priest (Can attach separate letters)

Remarks

Date

Name & Signature

Phone No.

17 Details of bank Account (if any)

Account No. :

Name of the Bank :

Branch code & Address :

(For Office use)

Secretary

President