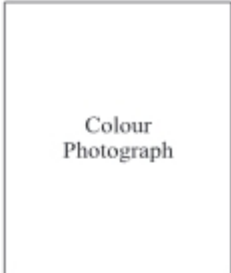


**Merit Scholarship Scheme Application Form**



- # Please read these Instruction carefully before filling up this form.
- # The form is to be hand/type written legibly in English in Capital letters using blue/black ink only.
- # Attested copies of certificate/marksheet necessary support documents should be attached with this Application Form.
- # Please tick ✓ mark wherever necessary.
- # Incomplete forms without enclosures, wherever necessary, will not be considered. Leave no column blank. Please write "Not Applicable" wherever necessary.
- # Completed application forms should be addressed to Chief Trustee and sent to JM SETHIA CHARITABLE TRUST, at its **Regd. & Head Office** at 133, Biplabi Rash Behari Basu Road, 3rd Floor, Room No. 15, Kolkata-700 001, or at its **Admin. Office** at Gandhi House, 5th Floor, 16, Ganesh Chandra Avenue, Kolkata-700 013, **fon** : +91-33-4040-1300, **Mobile** : +91-93397 93153 **e-mail** : jms\_trust@yahoo.co.in, **website** : www.jmstrust.com

**Date for Submission of Application Form** - April to July; **Date of Selection of Candidate** - August and **Date of Disbursement of Scholarship** - September OR within the month prior to the next quarter

**GENERAL INFORMATION :**

Category applied for. Pl. tick ✓ wherever applicable (Please refer to the Scheme) :

A  B  C  D  P

Duration from \_\_\_\_\_ Duration to \_\_\_\_\_  
Male  Female

1. Name & Postal Address of the Applicant : \_\_\_\_\_  
\_\_\_\_\_ Pin Code \_\_\_\_\_

2. Son/Daughter of : Shri/Smt. \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ 4. Tel. No. (with STD) \_\_\_\_\_ 5. Mobile No. \_\_\_\_\_

6. Details of your Bank. Bank Name \_\_\_\_\_  
Branch \_\_\_\_\_ City \_\_\_\_\_  
Account No. \_\_\_\_\_ IFSC CODE \_\_\_\_\_

7. Name & Address of Last School / College / Institution attended \_\_\_\_\_  
Village / Locality \_\_\_\_\_ Post \_\_\_\_\_  
District \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

8. Academic (Enclose marksheet copy of the examination passed)

PASSED			PRESENTLY PERSUING		
Name of Board / University Passed	Subject (s) opted	Aggregate % marks obtained	Name & Address of School / College / Institution	Academics	Subjects
				<input type="text"/> Course duration (No. of Years) <input type="text"/>	
			Pin Code	<input type="text"/>	

9. **Economic** (financial Standing) (Enclose Copy of Last Income Tax Return Filed or else any one proof of income document.)  
1. Parents Annual Income Rs. \_\_\_\_\_ 2. If Income Tax Assesse, then PAN No. \_\_\_\_\_

10. Is **Reservation** applicable. If Yes, then Pl. tick ✓ in the related box and enclose the copy of certificate/documentary evidence if any.

- I. Special Category - handicapped
- II. Excellence extra-curricular activities like sports, NCC 'B' certificate holder, debating, dramatics & social services.
- III. Economically weaker section - of those students, whose parents Annual Income is not more than Rs. 1,20,000/- (Rupees One lac twenty thousand only)

11. **CHECK LIST**-for enclosures, Pl. tick ✓

- i) Copy of marksheet, for point No. 7
- ii) Copy of Proof of Income document for Point No. 8
- iii) Copy of certificate proving reservation for point No. 9

**DECLARATION**

I/We hereby declare that the information provided is true to the best of my/our knowledge and nothing is concealed/misrepresented. JM SETHIA CHARITABLE TRUST Management's decision will be final and decisive for selecting and granting Scholarship. In case of any discrepancy found at any point of time. I/We would be responsible for cancellation of Scholarship and refund of money received on this behalf. I/We further state that no other Scholarship is claimed from any other sources. I would be entitled for the Scholarship as long as I am enrolled in the above mentioned course/college/institution. I shall furnish quarterly declaration continuity certificate obtained from the Principal/Head of the Institute and authentication about the utilization of Scholarship amount every quarter failing which scholarship amount will be stopped.

Date :

Signature of Applicant

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**RECOMMENDATION FROM THE HEAD OF INSTITUTION**

This is to Certify that \_\_\_\_\_ S/o./D/o./Shri/Smt. \_\_\_\_\_  
\_\_\_\_\_ is a student of the Institution and enrolled  
for \_\_\_\_\_ course under Registration Number \_\_\_\_\_

His/Her performance and conduct in the institution has been consistently good. We have no record of him/her availing any other Scholarship. I recommend him/her for consideration for JM SETHIA CHARITABLE TRUST Merit Scholarship Scheme.

Special comments, if any \_\_\_\_\_

**Name of Institution**

**Date**

**Signature of Principal with Seal**

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**FOR OFFICE USE**

Ref. No. JMS/20                      /                      \_\_\_\_\_ Remarks \_\_\_\_\_

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