

## **AICUF-ALMS Sacred Heart College Thevara Trust**

(Regn No. 122/2020)

### **Application Form for Education Assistance / Financial Support (2021-22)**

ppli	cation Ref No	(for office use o	nly)				
ENI	ERAL INSTRUCTIONS		✓ Tick a	ppropriate box			
a)	Data to be filled in block lett	ers		ship program			
) )	All data to be updated, incor	nplete applications shall		nce for Educational purposes			
•	not be processed			Assistance to meet daily needs			
)			<b>—</b>	Assistance for medical needs			
,				Assistance to improve living conditions			
				, , , , , , , , , , , , , , , , , , ,	-		
l.	Name of the Applicant	:					
2.	Address for communication	:					
	communication						
<b>3.</b>	Contact No	:					
١.	Aadhar No	:					
5.	Details of family members	:					
	a) Father	Occupa	ation	Contact No			
	b) Mother	Occupa	ation	_ Contact No			
	c) Siblings (in order of seni	ority)					
	Name	OTTE Y	Gender	Stat	us		
	i)						
	IV)						
	d) Any other members / relatives staying with the family:						
ō.	Religion / Caste	:					
<b>'</b> .	Annual Income of the family	:	Source of income:				
3.	Education details	:					
	Course of study	Main Subjects	Name of Institution	Board / Univeristy	Marks / Grade		
	SSLC						
	HSS or Pre-degree						
	Graduation						
	Post Graduation						
	Any other specialisation	:					
	Part-time Job (if any) :		Remuneration / month:	No. of	fyears :		



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11.	a) Name of the course	requiring Jinanciai assistance ): :	
	b) Course duration	:	
	c) Name of Institution	:	
	d) Approving Authority		
	e) Your aim for joining the cour	rse :	
	e) Tour aim for joining the cour		
12.	Estimated expenses for the course (prov	vide item-wise details )	
	Particulars	Amount	
	a) Course fee :		
	b) Books :		
	c) Library fee :		
	d) Uniform :		
	e) Any other :		
13.	Are you receiving any other scholarship?	? Yes No If Yes, a	amount received / year:
14.	Scholarship / financial assistance requesting figures & words)	sted from AICUF-ALMS	
15.	Documents to be attached :	1) Bonafide Certificate issued by the Ins	titution
		2) Letter of introduction / Recommenda	
16.	Applicant's bank details		
	Name of the bank:		
	Branch :		
	Account Holder's name:		
	Account Number:		
	IFSC code :		
Decl	aration:		
	1. Ibest of my knowledge and belief.	hereby submit that details provided above	ve are true and correct to the
		cholarship amount when I am employed, so the national purpose in ancial assistance received for educational purpose).	at another deserving
			Yours faithfully
	Date:		(Name & Signature)



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## For Office use

#### **Decision of the Board Executive Committee**

formatio	n and records:		
nation:	Chairman	Treasurer	Managing Trustee
ture:			
	4 Any other comments		
	A Annual barrana and a		
	3 Suggest visit to the family, to verify fur	rther details in person	
	2 Require more documents as listed belo	ow	
Amount	approved (in figures and words)		
	1 Request approved in line with the avai (specify amount approved. If amount		
THE BOOK	u members have reviewed the application	ir and forwarded for further action	ii as stated below
	d members have reviewed the application		·
			(to be mentioned).