

MOHAMMAD ALI SCHOLARSHIP

RUN BY: ALFA EDUCATIONAL AND CHARITABLE TRUST

POST MATRIC SCHOLARSHIP

FOR OFFICE USE ONLY

Sl. No. of application	Year	Course	Whether approved

[To be filled up by applicant]

Part – I

1. A. FRESH OR RENEWAL?

Affix a self-attested passport size photograph

1. Full Name (in block letters)

[illegible]

2. Father's name :

[illegible]

3. Mother's name

[illegible]

4. State/UT of domicile

[illegible]

5. Address of correspondence

Village/Town	
Post Office	
Police Station	
District	
State	

PIN CODE	
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6. Address of the parents

Village/Town	
Post Office	
Police Station	
District	
State	
PIN CODE	

7. Date of Birth (Please enclose certificate)

D	D	M	M	Y	Y	Y	Y

8. Whether Male or Female

Male ☐ Female ☐

9. Nationality

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10. Religion

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11. Contact number

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**12. Details of educational qualifications from matriculation / SSLC/SSC on wards
(Please enclose copies of certificates)**

Examination passed	University/Board/institute /council of Examination	Year of Passing	Full marks	Marks Obtained	Percentage Marks

13. Details of course for which scholarship is being sought :

- I. Name of class/course :
- II. Duration of class/course :
- III. Academic year :
- IV. Class/course last attended/ :

Academic year

- V. Total Marks obtained and
Percentage in last examination :

14. Details of school/college/institute, including residential ones :

- I. Name of the school/college/institute :
Where admitted
- II. Address of school/college/institute :

15. For renewal of Scholarship :

Name of examination passed	Year	Full marks	Marks Obtained	% of marks

16. Details of bank account of student :

- I. Name of the payee (as in the bank
account) _____
- II. Name of the bank _____
- III. Bank Branch (full address) _____

- IV. Bank Account Number _____
- V. IFSC Code _____

Date:

Place:

signature of the student

Part – II

[To be filled up by the head of the school/college/institute]

17. Details of school/college/institute including residential ones :

- I. Name of the school/college/institute :
Where admitted
- II. Address of school/college/institute :
- III. Telephone no :
- IV. Fax no :
- V. E-mail address :

18. Verification/information to be furnished by the Head of school/college/institute :

- I. It is certified that the information filled in the above mentioned columns by Mr./Ms. _____ s/o / d/o Mr. _____ who is admitted in _____ course for the academic session _____ in _____ school/college/institute is correct.
- II. He/she is a hosteller/day scholar of the school/college/institute.
- III. He/she is a fresher admitted in the school/college/institute for academic year _____ .

OR

He/she has been promoted from _____ to _____ in the academic year _____.

19. For Renewal of scholarship :

It is certified that the above mentioned student has passed the _____ Examination for _____ (year) and has obtained _____ % of marks.

Date:

Place:

signature of Head
of the School/college/institute
With official seal

DECLARATION OF PARENT’S/GUARDIAN’S INCOME
(Specimen)

I..... (Parents/Guardian) of
..... (Name of the Student) who is
studying in Hereby declare that my annual income
from all sources is Rs..... (.....
..... only (in word).

If any stage, it is found that the information given by me is false/not true, all benefits
given to the student under the scheme of “Post-matric scholarship” could be withdrawn
and legal action as deemed fit, may be taken against me or my ward.

Date

signature
(Father/Mother/Guardian)
Residential Address