FORM NO:-

APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER "THE SPARDHAINCRED SCHOOL STUDENT SCHOOLARSHIP PROGRAM": 2020-2021							
PART-I (PERSONAL INFORMATION)							
1. STUDI	ENT NAME [*] : [
2. DATE	of birth [*] : [(FIRST NAME)	(MIDDLE NAME) (L	AST NAME)	PAST PASP		
3. STUDI	ENT UNIQUE ID [*] : [SIZ	Έ	
4. REGIS	TRATION PIN [*] : [PHC	TO*	
5. SEX (1	MALE/FEMALE) [*] :	(MALE) (FEMALE)	(OTHERS)				
6. PERM	ANENT ADDRESS [*] :						
 7. PIN-CO 8. CITY* 	: [
9. STATE	9. STATE* :						
10. E-MAIL ID OF STUDENT* :							
11. CONT.	ACT NO* : ([Mob.):	(Tel.):				
12. CURR	ENT STANDARD [*] :			3			
13. NAME AND ADDRESS* OF THE SCHOOL :							
14. E-MAIL ID OF THE SCHOOL :							
15. AADHAAR-CARD NUMBER *:							
16. PERCENTAGE/GRADE IN LAST YEAR EXAMINATION* :							
17. CAST DETAILS* :							
18. BANK ACCOUNT DETAILS (THE BANK ACCOUNT MUST BE IN THE NAME OF APPLICANT):							
i) BANK ACCOUNT NO*							
ii) NAME & ADDRESS OF THE BRANCH/ BANK [*] :							
iii) IFSC CODE OF THE BANK/ BRANCH* :							
19. EDUCATIONAL QUALIFICATION (INCLUDING MARKS OF SEMESTER EXAMINATION LAST APPEARED)							
S. NO.	QUALIFICATION	BOARD*	NAME & ADDRESS OF SCHOOL*	YEAR OF PASSING	DIVISION	%AGE/ CPI*	

1.

2.

LAST YEAR RESULT*

UNIT TEST GRADE