Phone: 0172-2780651 Mob. 9888885721

Guru Harkrishan Educational Society (Regd.)

Office- Kothi No. 57, Sector-21-A Chandigarh (U.T.)

E.mail: ghes-5721@gmail.com

APPLICATION FORM FOR SCHOLARSHIP

1.	i)	Name of the Student:			
	ii)	Contact No. (if any):			
	iii)	Name of the Institution & Address:			
2.	i)	Name of Course:			
	ii)	Date & Year of Admission:			
	iii)				
		Present Year/ Semester of study: Total duration of course From To			
	iv)	Total duration of course From To			
3.		of Birth :			
4.	Natio	nality:			
5.	Perma	nent Address:			
6	Addre	ess for Correspondence :			
7.	(A)	Name & Profession of Father			
127	Monthly Income from all sources Rs.				
		Whether Income Tax payee or not			
	(B)	Profession (if any) of Mother			
		Monthly Income from all sources Rs.			
	(0)	Whether Income Tax payee or not			
	(C)	Total Income (A+B) Rs per month. a) (Income Tax payee shall attach a photocopy of the acknowledgement of the last			
8.	i)	applicable as per specimen drafts given overleaf. Examination Passed in the last Academic year:			
	ii)	Marks obtained Total Marks (Photo copy/copes attached)			
9.	Extra	curricular activities			
10.		her the student is in receipt of any other Scholarship?			
		source of scholarship with amount per annum Rs.			
11.		ou already getting scholarship from the Society:			
12		mention the year and amount Rs			
12.	Excel	ottorial basis / Compassionate grounds, if any			
	Signature of Applicant				
		TO BE FILLED BY HEAD OF INSTITUTION			
1.	a)	Amount of only Tuition Fee payable per Semester / Year Rs.			
	b)	Month/Year from which tuition fee is payable			
2.	As the amount of scholarship is to be directly credited in Institution account, please fill the				
	following columns:				
	Title of Account				
		Bank account No.			
		Bank's Name			
3.		mmendation of the Head of Institution			
4.	Exce	ptional basis / compassionate grounds, if any			

(Signature f Head of the Institution with official stamp)

SPECIMEN OF AFFIDAVIT

	(On Non-Judicial Stamp paper of Rs. 5/- attested by				
	I,Son o				
side	nt of.				
ereb	y solemnly declare:				
)	that I am the father / mother of (Name of student)	0		
,	who is studying in (Class & name of the Instituti	on)			
	Who is studying in	and i	s wholly dependent on me.		
i)	My present profession is				
ii)	that my total family income from all sources such as salary/pension, agriculture, rents, dividend				
11)	interest business profession etc including the tot	al income of my	spouse in the preceding year i.e.		
	£	is Rs.	•		
iv)	that I am paying /* not paying Income Tax and I a	ım filling /* not f	illing Income Tax Return.		
			DEPONENT		
	Place:				
	Date				
ER	IFICATION:				
	I hereby solemnly declare and affirm that the abo	ve information is	true and correct to the best of m		
	knowledge and belief and that nothing has been c	oncealed therein.			
	Place:		DEPONENT		
	Date				
	e out whichever is not applicable.				
er. I	*SALARY / PENS				
(To be	*SALARY / PENS e got filled by employed persons and pensioners from their Emplo		sing Authority in addition to the Affidav		
	e got filled by employed persons and pensioners from their Employed that Sh / Smt	oyer / Pension Disbur	sing Authority in addition to the Affidavi		
	e got filled by employed persons and pensioners from their Emplo	oyer / Pension Disbur	Son of /* Wife (Designation)		
*Cer	tified that Sh./ SmtOffice/Department/	oyer / Pension Disbur	sing Authority in addition to the Affidavi		
Cer	tified that Sh./ SmtOffice/Department/wances per month as under:-	oyer / Pension Disbur	Son of / Wife Designation) and is drawing pay ar		
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d) The student should have passed the previous quitying examination in 12 class Division (Millimum 60% Marks)

Important: Please ensure that all the columns of the Application Form are answered fully and that the required Documents are attached to facilitate the awar of scholarship. Incomplete applications are likely to be filed.