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The Cradle's Merit Scholarship

**SCHOLARSHIP
APPLICATION FORM**

ID No. _

Name of the Candidate:	Sex: Male <input type="radio"/> Female <input type="radio"/>
	DOB: / /

Father's Name:	Occupation:
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Type of Disability:

Visually Impaired <input type="radio"/>	Hearing Impaired <input type="radio"/>	Locomotor Disability <input type="radio"/>
Mentally Retarded <input type="radio"/>	Leprosy Cured <input type="radio"/>	Multiple Disabilities <input type="radio"/>
Autistic <input type="radio"/>		

Percentage of Disability: % & % *(Please enclose a self-attested copy of the disability certificate)*

Address Details:

Residential Address:

Ph/ Mobile No.: Email:

Annual Family Income: Rs. *(Please enclose a self-attested copy of Income Proof)*

Bank Details of Candidate:

A/C Holder's Name (As in Passbook):

Bank Name: Branch Name:

Bank Address:

Account No: IFS Code No:

(Please enclose a self-attested copy of passbook/cancelled cheque)

Educational Details (Current):

Currently Studying in Class/Course: Duration of Course (in yrs):

Academic Session:

Type of Institution: Govt. Govt. Aided: Private:

Name of Institute:

Address of Institute:

Contact No of Institute: Institute Email (if any):

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Educational Details (Passed):

Examination Passed	Name of the institution	Name of the Board/University	Percentage of Marks /Grade Obtained
Class VIII			
Class 10 th			
Class 12 th			
Graduation			
Others			

DECLARATION

I _____ declare that above information are true to the best of my knowledge. If any information furnished by me turns out to be false subsequently, my scholarship may be cancelled.

Signature of Father/Guardian

Signature/Thumb Impression of Student

Date.....
Place

Date.....
Place

Verification by School/College/Institute:

I certify that _____ is a regular/private student of our school/college/institute, currently studying in class/course _____, his roll number is _____. He/She bears a good moral character.

Signature/Thumb Impression of Principal / Head of Dept.

Name: _____

Designation: _____

Contact No (if any): _____

(Seal of School/College/Institute)

For office use only: (kindly do not write below this)