

SAMBHAVA FOUNDATION

KCI Plaza, 7th Floor, 23C, Ashutosh Chowdhury Avenue, Kolkata 700019
Tel .No. 2454-3063/3064/3065 Email: sambhavafoundationkol@kirtivardhan.com



(Charitable Trust under Income Tax Act vide Reg. No. DIT/(E)/12A/2008-09/S-5559/1071 dated 27.10.2008)

APPLICATION FORM FOR EDUCATION SCHOLARSHIP

Important Instructions:

1. Please read carefully and fill-up all the columns in BLOCK LETTERS in English.
2. Eligibility - Family Income Less than Rs. 10,000/- per month and Minimum Marks 80% in Board Exams for Graduation level and 60% for Post-Graduation level, subject to relaxation in exceptional cases, including disability.
3. This education scholarship application may be rejected without assigning any reason and the decision of scholarship provider will be final and binding to all.
4. This need based education scholarship is being generally provided to deserving female students pursuing graduation or higher studies in the State of West Bengal.
5. The scholarship will be remitted preferably by way of NEFT to the respective bank accounts and no cash will be given in any circumstances.
6. The scholarship does not create any right and the same may be withdrawn or discontinued at any time without assigning any reason and the decision of scholarship provider will be final and binding.

1	Name of the Student		Please Paste your Latest Passport size Photograph
2	Mobile No.		
3	E-mail ID		
4	Residential Address & Contact Number		
5	Date of Birth		

6. Educational Background:

Academic Year	Board / University	School / College / Institute	Marks obtained (%)

7. On-going Academics:

Stream / Course pursuing	
Name of the College / Institute	
Name and Contact Number of the Principal	
Scholastic Year	Duration of the Course:
Reason why you have selected this Course	
Ambition	
Please write why do you deserve this Scholarship (separate sheet may be attached)	

8. Bank Details:

Name of the Bank	Branch	IFSC Code	Account Number

9. Other information about academic or extra-curricular activities:

Your Hobby	
Excellence in any other field	
Special Awards received	
Engagement in Social Work	
Strengths	1. _____ 2. _____
Weakness	1. _____ 2. _____
Motivational Force	
Knowledge of English	Writing - Strong/Weak - _____ Speaking - Strong/Weak - _____
Disability (For relaxation only)	No / Yes

10. Family Background: (write the details of all your family members)

Sl. No.	Name	Age	Relationship to you	Contact Number	Educational Qualification	Occupation	Monthly Income
1							
2							
3							
4							

11. Assets owned by the Family:

House	Owned / Rented - _____	Kuccha / Pucca - _____
Shop	Own / Rented - _____	Location - _____
Agricultural Land	Location - _____	Area - _____ Details of Crops - _____
Other Land	Location - _____	Area - _____
Vehicle	Motorcycle - _____	Others - _____

12. Other Details:

Total Monthly Family Income	
Number of Family Members dependant on above Family Income	
Total Monthly Family Expenditure (excluding on your education)	
Monthly Financial Support from Relatives / Friends etc	
Amount of Bank or any other Loan taken by any Family Member	
Monthly Expenditure on your education	
Details of Other Scholarships received by you	

Declaration:

- I hereby declare that all the information furnished above is true and complete to the best of my knowledge.
- I have enclosed copies of all the required documents including Identity and Address proof, Income Certificate (Issued by Employer/Bank Manager/SDO/BDO/Any Gazetted Officer/MBBS Doctor), Bank details, Mark Sheets, Progress Report, Fee Receipt, Teacher's assessment form etc.

Date:

(Signature of the Parent)

(Signature of the Applicant)

SAMBHAVA FOUNDATION

ASSESSMENT FORM FOR EDUCATION SCHOLARSHIP



TEACHER'S ASSESSMENT FORM

(To be filled in and signed by the Class Teacher and also countersigned by the Principal)

Name of the Student	
Name of the School / College / Institute	
Subjects taught by the Class Teacher	

Assessment:

Parameters	Excellent	Good	Average	Below Average
Participation in Classes				
Academic Performance				
Participation in co-curricular activities				
Interaction with other Students				
Creativity				
Moral Values				
Behaviour				

Comments by the Class Teacher (Compulsory)	
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Recommendation by the Principal (Compulsory)	
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<i>Class Teacher</i>		<i>Principal</i>	
Signatures		Signatures with Rubber Stamp	
Name		Name	
Contact Number		Contact Number	
Date		Date	