

Form received on _____

S.No. of form recd. _____

BAHADURLAL AMRITLAL JAIN CHARITABLE TRUST

ADM. Office:- B.A. Jain Hostel, 151, Kanchan Bag, INDORE - 452001 (M.P.)

Website:- www.bljaincharitabletrust.org

Application Form for Scholarship for the course of Medical / Engineering & Commerce Stream

(Refer eligibility for availing Scholarship & Directions on Page 3 of 4)

Valid For the Academic Session 2018-19 Only**-: IMPORTANT NOTES :-**

Please read all the columns of the form carefully and fill up all the informations asked correctly and completely. Don't leave any column blank. Also attach the necessary self attested photostat copies of documents wherever required. Incomplete and false information shall lead to rejection of the application form. Arrange to deliver / post the form alongwith Rs. 30/- in cash/Postal order at Adm. office in Indore only at the earliest. Last Date of submission of Form is **15th September 2018** (By 5:00 PM). Do not wait for the last date. **(Application form sent to the address of H.O. at Mumbai shall disqualify the candidate)**

Affix recent
passport size
photograph

(Please read all the instructions carefully before filling the Form on page 3)

Full Name of Student (Mr./Miss) _____ Mob. No. _____

Full Name of Father : _____ Mob. No. _____

Caste & Sub Caste : _____ Religion _____

Date of Birth : Date _____ Month _____ Year _____ Age _____

Permanent Postal Address : _____

: _____ Pin code _____ Tel.: _____

Present Postal Address of the student : _____

: _____

Email Address :- : _____

Full name of Institution where admitted now : _____

(Photostat copy of Receipt of fees paid for current semester/year must be enclosed)

Mention whether above Institution is Govt. or Private : _____

Name of the course offered : _____

Annual Tuition Fees of the Institution Rs. : _____ Tuition Fees paid for current session Rs. _____
(enclose receipt)

Whether the candidate is getting Scholarship from any other Institution : Yes / No

If yes, give detail:- (1) Amount of Scholarship Rs. : _____

(2) Name of Institution : _____

Had you been ever selected for Scholarship from this Trust before? Yes / No

If yes, when [year(s)] Amount of Scholarship sanctioned Rs.

Bank Details

Student's Saving Bank Account No.IFSC Code of Branch.....

Name of A/C holder in Pass Book

Name of Bank Branch/Place

(Enclose photostat copy of Pass Book showing above details clearly)

ELIGIBILITY FOR AVAILING SCHOLARSHIP & DIRECTIONS:

1. The Student applying for Scholarship should have taken admission in any Course of following :-
(A) Medical : M.B.B.S.,M.S.,M.D., B.D.S., B.P.T. Or B.Pharma only
(B) Engineering : B.E.,B. Arch., B.Tech. and B.Tech.(I.I.T.) only
(C) Commerce : C.A.(CPT/Foundation passed),I.C.W.A. (Foundation Passed), C.S.(Exe. Programmes) or M.B.A. (I.I.M.) only.
2. The total annual Income of the family should be less than Rs. 6,00,000/- (Family Income includes Income of Father, Mother, Brother, Unmarried Sister & Bhabhi).
3. Latest Income certificates of all earning members of family should be attached & should bear the correct figure otherwise the application will be rejected.
4. The applicant should attach his/her identity proof.
5. Student seeking admission through donation or on NRI quota or on payment seats shall not be eligible for this Scholarship.
6. Merits shall be decided on the basis of results of Board Exams, Competitive Exam & University Exam only.
7. The applicant should have passed his previous exams in first attempt.
8. Only those students of Engineering stream shall be eligible who have scored J.E.E. Rank below 80,000.
9. If in case your mark sheets are not available due to late declaration of results by the university, you may bring the copy of internet result duly certified by head of your institute or a certificate from your head of institute regarding the clearance of exams & marks obtained therein. In case your previous semester result is being delayed by more than 6 months, a letter from head of the institution mentioning the same shall be required.
10. This application shall be scrutinized by the committee appointed by the Trust. Any enquiry regarding processing and grant of scholarship shall not be entertained. Selected Candidates shall be informed over telephone to attend the personal interview at Indore/ Mumbai. The Candidate should bring the required original documents along with him/her so as to verify the photostat copies on record at the time of interview.
11. Sanctioned Scholarships shall be released from 16th November, 2018 by Administrative office at Indore.
12. Decision of the Trust committee shall be final & could not be challenged.

Check List of Enclosures : (Self Attested Photostat Copies Only)

1. Mark Sheets of X,XII,Competitive and subsequent exams passed/failed serially semester/session wise.
2. Proof of current admission in college / copy of Registration of C.A. Institute (I.P.C.C./Intermediate/C.A. Final).
3. Latest and valid proof of income of each earning member of the family issued by the appropriate authority.
4. Pass Book of Savings Bank Account of the Applicant.
5. Identity proof of the applicant.

DECLARATION

We have read this application form carefully and we hereby declare that the informations filled by us therein are complete and true to the best of our knowledge and belief.

Signature of Student

Signature of Parent/Guardian

FOR OFFICE USE ONLY

The application for Scholarship to Shri/Ku. _____ of the course _____ for the Year 2018 -19 for Rs. _____ is Sanctioned / Rejected.

The sum of Rs. _____ (in words) Rs. _____

has been paid to above applicant towards scholarship

vide NEFT/by cheque No. _____ dated _____

of Bank of India, Kanchan Bagh, Indore (M.P.)

Authorised Signatory

Sr. No. of form

(To be filled in by the candidate at the time of taking payment of the scholarship)

RECEIPT

Date _____

Place _____

RECEIVED with thanks from Bahadurlal Amrit Lal Jain Charitable Trust the sum of Rs _____

(in words) Rs. _____ vide NEFT/by cheque No. _____

date _____ of Bank of India, Kanchan Bagh, Indore (M.P.) towards scholarship for the year 2018-19.

(Signature of recipient)

Full permanent residential address:-

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Name _____

Father's Name _____

Course _____

Sem./Year