

**Guru Harkrishan Educational Society, Chandigarh (Regd.)**

Office : Kothi No. 57, Sector 21-A, Chandigarh 160 022

**APPLICATION FORM FOR SCHOLARSHIP**

1. i) Name of the student \_\_\_\_\_  
 ii) Present Roll No. \_\_\_\_\_  
 iii) Name of the Institution and address \_\_\_\_\_
2. i) Name of Course \_\_\_\_\_  
 ii) Date and Year of admission \_\_\_\_\_  
 iii) Present year / semester of study \_\_\_\_\_
3. Total duration of course From / To \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Nationality \_\_\_\_\_
6. Permanent Address \_\_\_\_\_
7. Address for Correspondence \_\_\_\_\_
8. (A) i) Name and Profession of Father \_\_\_\_\_  
 ii) Monthly income from all sources \_\_\_\_\_  
 iii) Whether Income tax payee or not \_\_\_\_\_  
 (B) i) Profession (if any) of Mother \_\_\_\_\_  
 ii) Monthly income from all sources \_\_\_\_\_  
 iii) Whether Income tax payee or not \_\_\_\_\_  
 (C) Total of A (ii) + B (ii) \_\_\_\_\_
- Note : a) (Income tax payee shall attach a photocopy of the acknowledgement of the last income tax return filed)  
 b) The proof of income be furnished in the form of Affidavit and a Certificate as applicable as per specimen drafts given overleaf.
9. i) Examination passed in the last academic year \_\_\_\_\_  
 ii) Marks obtained and total marks **(Photo copy attached)** \_\_\_\_\_
10. Extra curricular activities \_\_\_\_\_
11. Whether the student is in receipt of any other scholarship \_\_\_\_\_  
 If so, source of scholarship with amount per annum. \_\_\_\_\_
12. Are you already, getting scholarship from the society? \_\_\_\_\_  
 If so, mention the year and amount \_\_\_\_\_
13. Exceptional basis / Compassionate grounds, if any \_\_\_\_\_

(Signature of applicant)

**TO BE FILLED BY HEAD OF INSTITUTION**

1. i) Amount of only Tuition Fee payable per semester / year.  
 ii) Month from which tuition fee is payable.  
 iii) Designation of officer in whose favour Cheque /  
 D.D. for the scholarship amount be sent for disbursement.
2. Recommendation of the Head of Institution.
3. Exceptional basis / compassionate grounds if any.

(Signature of Head of the Institution with official stamp)