Abdul kalam Scholarship form

(Run by Pt. Madan Mohan Malaviya computer Saksharta Mission)

Head Office (67A/2 Chandel Market, Kalyanpur, Kanpur)
Delhi Office (G-795 Mangalpuri, New Delhi - 110083)

Scholarship Form No.: _____ **Session :** _____

ENROLMENT NUMBER (For office use only)	
SPECIMEN SIGNATURE OF THE CANDIDATE	
EDUCATION PROGRAMME NAME	
CENTER CODE	

Affix recent Passport Size Photograph

1. Name in Capital Letters (in English) : (as per Matriculation Certificate)

2. Mother's Name

3. Father's Name (all the candidates including married women will mention Name of Father)

4. Sex : (✓ Tick) Male ☐ Female ☐ 5. Date of Birth Date ☐☐ Month ☐☐ Year ☐☐☐☐

6. Address for Correspondence (do not repeat name)

Pin Coad

Phone No. with STD Code

Mobile No.

E-mail

7. Nationality

8. Category (Gen/SC/ST/OBC)

9. Employment Status

10. Details of Educational Qualifications (from matriculation onwards) :

Name of the Examination	Subjects	Year of Passing	Name of University / Board	Division/ Grade

DECLARATION

I hereby declare that, the information furnished herein above is true and correct to the best of my knowledge and belief. In case of any information is found incorrect, at any stage, I agree to forgive Scholarship deposited.

Place & Date : _____

_____
Signature of the Applicant

For Office use only

1. Eligible : (✓Tick)	Yes	No	Originals Verified	Yes	No
	☐	☐		☐	☐

Signature of Center Coordinator