**Help the Blind Foundation**

In association with Kishinchand Chellaram Education Trust

and All India Confederation of the Blind

Affix Your Photo Here

 **Application for Scholarship**

|  |  |
| --- | --- |
| Date |  |
| Details of the Student |  |
| Name Of the Student |  |
| Date of Birth |  |
| Male or Female |  |
| Permanent Address of the Student |  |
| Present Address of the Student |  |
| Contact Phone Number | Mobile:Landline: |
| College and course to which admitted |  |
| Day Scholar/HostellerIf Hosteller , address of hostel |  |

|  |  |
| --- | --- |
| Previous course passed Name of School/CollegePercentage of marks scored |  |
| Nature Job of Parents |  |
| Annual income for the Parents/Household |  |
| No Of Dependents |  |
| Any other special skills /HobbiesMusic/Sports /Others |  |
| Estimated expenses  College fees  Hostel/Mess fees  Others  Total expenses |  |
| Any other financial assistance received or expected |  |
| Additional information justifying need of scholarship |  |
| Undertaking by student and parentsWe undertake to inform the foundation of any financial assistance when ever received and also information regarding my status even on completion of the course. |  |

|  |
| --- |
| I, ………………………………………………… (name of person filling up the information sheet), hereby affirm that the contents given above have been explained to the student and information provided herein are reproduced verbatim as informed by the student.**(Signature of Parent)** |
| I, …………………………………………………….. (Name of the student) hereby confirm that the contents of this information sheet are true to the best of my knowledge.**(Kindly fill-in any one of the following)** I have received/will receive financial assistance of Rs…………………. From ……………………………………………………….. During the financial year. I have not received any financial assistance from any other source. **Signature of Student (or Thumb Impression)**  |
| Kindly get this column counter-signed by the Principal of the college, if the student has been admitted in the college:We recommend for consideration of scholarship for \_\_\_\_\_\_\_\_\_\_Course**Signature of Principal and college seal** |
| **For Office Use Only** |
| Application Disposal Instructions by Interviewing committee:Date : |

**Please attach the following with the above form:**

* Copy of Certificate of Date of Birth
* Attested copies of Certificate/Degree and Mark Sheets of last two courses including year 10 or year 12
* Copy of Certificate of blindness issued by a Government Hospital
* Passport size Photograph
* proof of payment if any already made

**PLS return this form by post**

 **J V Ramani,**

**old no: 19 New no: 16 Yogambal Street,**

**T Nagar, Chennai-600017**

**(OR)**

**J. L. Kaul,**

**All India Confederation of the Blind,**

**Braille Bhawan, Sector-5,**

**Rohini, Delhi-110085**

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