



JAINSINDIA TRUST

'Siyat House' #961, Poonamallee High Road, Chennai-600 084.
Phone No:044-42933316/333 | Email:admin@jainsindiustrust.com

Application No:

Date:

SCHOLARSHIP APPLICATION FORM FOR SHWETAMBAR JAIN RESIDING IN TAMILNADU ONLY ACADEMIC YEAR 2017-2018

Student ID:		Student Name:		Photo of the Student
Date Of Birth:		Gender:		
Place of Birth:		Gothram:		
Name of the Father / Mother / Guardian:				
Aadhaar Number:				
Address for communication:				
Email:				Photo of the Parent
Mob No:		Res:		
Institution Name Address & TelePhone Number:				
Previous Standard :	Present Standard :	Subject:		
Profession of Parents:	Monthly family income Rs:	No.of dependants:		

Name & address of employer
(OR)
If self employed/business
(furnish details with tel. no.)

Declaration

I solemnly declare that I belong to the **SHWETAMBAR** Sect of the Jain community and the above details are true to the best of my knowledge & belief. I or my ward will not apply for scholarship from any other institution, but in the event I receive financial assistance from other sources, I will declare the same to your Trust. I hold myself solely responsible for suppressed or false information if any. In case of false or incorrect information I agree to return the entire amount of scholarship to the Jains India Trust. I also agree to abide by the rules of scholarship granted. After I start earning, I will try my best to assist students of our community for their further education.

SIGNATURE OF THE STUDENT

SIGNATURE OF THE PARENT

(For Office Use Only)

RECEIPT DETAILS

PAYMENT DETAILS

Date	Receipt No.	Deposited Amount	Deposited Date	Cheque No.	Cheque Date	Cheque Amount	Remarks

NOTE: 1)All Columns are mandatory
2)Photo to be attested by head of the institution

VERIFICATION FROM THE SCHOOL/COLLEGE

Sir,

_____ S/o or D/o _____ is studying in this institution. He /She was studying _____ class of _____

(Institution) in and had been promoted to _____ class for academic year 2017-2018. The details of fees payable by him/her for the academic year 2017-2018 are enclosed. The conduct and academic performance of the student is

AVERAGE / GOOD / V.GOOD / OUTSTANDING

NOTE: 1) Please attach full details of Mark List for 2016-2017
2) Fee details
3) Income Certificate

Place:
Date:

Signature of the Head of the Institution
Name & Designation along with the
seal of the Institution

प्रतिज्ञा / शपथ

1. मैं पान मसाला, गुटका, सिगरेट, मदिरा/शराब, अण्डा आदि नशीले पदार्थों का आजीवन सेवन नहीं करूंगा।
2. मुझे प्रदान की गई छात्रवृत्ति, मेरी आय प्रारम्भ होते ही ट्रस्ट को पुनः लौटा दूंगा।
3. मैं अपने देश, माता-पिता, परिवार के लोगों का सम्मान करूंगा एवं उनके प्रति सदैव समर्पित रहूंगा।
4. ट्रस्ट के द्वारा प्रदान की गई अन्य स्रोतों से प्राप्त छात्रवृत्ति, स्कूल फीस से ज्यादा होने पर तुरन्त ट्रस्ट को लौटा दूंगा।

छात्र के हस्ताक्षर :

दिनांक :

अभिभावक के हस्ताक्षर :

सत्यापन प्रमाण

छात्र का नाम :

अभिभावक का नाम :

ऊपर नामांकित परिवार, जिनका विवरण आगे दिया हुआ है, उन्हें मैं वर्षों से जानता हूँ। उनकी मासिक आय _____ रुपए से कम है। यह परिवार श्वेताम्बर मन्दिरमार्गी / स्थानकवासी / तेरापंथी जैन है।

उपरोक्त विवरण सही होने का पूर्ण उत्तरदायित्व मेरा है। असत्य प्रमाणित होने पर छात्रवृत्ति की रकम ट्रस्ट में जमा कराने का वचन भी देता हूँ।

सत्यापित कर्ता :

संस्थान का नाम :

पता :

फोन :

हस्ताक्षर एवं मोहर