

SWAMI LAKSHMAN DASS AVDHOT TRUST

Near Lakshman Jhoola, Tapovan, Distt, Tehri Garhwal

Tele : 0135 - 2431541

www.swamilaxmandasavdhoot.org

APPLICATION FORM FOR EDUCATION SCHOLARSHIP

SLDAT/Edu Loan									
----------------	--	--	--	--	--	--	--	--	--

CITY _____ TOTAL INCOME (P.M.) _____

Income in words _____

(A) DETAILS / PARTICULAR

GUARDIAN's Name _____ Employment _____
(in CAPITAL letters) (Govt/ Pvt/ Business/ Rtd. Etc.)

STUDENT's Name _____ CLASS _____ %age of Marks _____
in previous exam

SCHOOL _____ Govt./ Pvt/ Public School _____
(with full address)

Phone No. _____ Email _____

FEES PAYMENT : Monthly / Quarterly / Half Yearly MODE : Cheque/ Cash

(B) DECLARATION

I _____ (Full Name) hereby declare as under :

1. That I live in a Rented / My own / Family / Inherited Flat at _____
_____ with my Father, Mother, Brothers & Sisters / My wife and children.
2. I do not own a four wheeler either in my name or anyone in my Family. I also do not maintain / use a four wheeler for regular use.
3. That my Family's Total income including Incentives / Commission / Bonus etc. is _____ (in number)
_____ P.M. (in words) & _____ Annual.
4. That I am Not Income Tax Payee and My PAN No. is _____.
5. That my Permanent Address is _____

6. That I have _____ Sons _____ Daughters who are also studying.
Father _____ Mother _____
Unmarried sister(s) _____
Unemployed Brother(s) _____
& _____ [Any other person(s)] _____ as my dependants who live with me.
Guardian/Father _____ Signature _____ Mob No. _____
Guardian/ Mother _____ Signature _____ Mob No. _____
7. That i am employed with / doing business (Name and Address of company / Firm) _____
_____ Tel./Moblie _____

SWAMI LAKSHMAN DASS AVDHOT TRUST

Near Lakshman Jhoola, Tapovan, Distt, Tehri Garhwal

Tele : 0135 - 2431541

www.swamilaxmandasavdhoot.org

RECOMMENDATIONS

Student _____ s/o _____

and his/ her family are known to us for the last _____ year and the particulars declared by the Guardian /Father/ Mother are True and Correct to the best of our knowledge and belief.

We Recommend Payment of school fee amounting to Rs. _____ Monthly/ Qrly/ half yearly by Cheque/ Cash

Signature 1. _____

Signature 2. _____

Full Name _____

Full Name _____

Date _____

Date _____

APPROVAL

The Proposal duly Recommended by the committee member of _____ City is APPROVED / REJECTED

Signature 1. _____

Signature 2. _____

Full Name _____

Full Name _____

Date _____

Date _____

PAYMENT DETAILS

Amount	Cheque No. & Date	Date of Despatch	Signature	Speed Post No. / By Hand (Name)

REMARKS _____
