Dept. :	Mobile No (self):
Roll No. :	

Annexure A

## ABUNDANT CAUVERY DELTA EDUCATION FUND SCHOLARSHIP

## ACADEMIC YEAR 2016 - 2017

(Applicant must fill in all the fields neatly hand written or typed in capital letters. If any field is not applicable to the applicant, please write not applicable)

Α.	PERSONAL DETAILS	
1	First Name	:
2	Middle Name	:
3	Last Name	:
4	Nationality	:
5	Date of Birth	:
6	Sex (Male/Female)	:
7	Disability (if any please mention in detail, documents to be enclosed)	:
8	Father's Name	:
9	Occupation	:
10	Mother's Name	:
11	Occupation	:
12	Total Annual Income of the family	:
13	Address for correspondence (apart from Institute address) with Telephone No./Mobile No.(Self) & E-Mail ID	:

## **B. ACADEMIC DETAILS**

Course Name :
Duration of Course (no. of years) :
Annual estimate of fund required for the course per year (in Rs.)
a. Tuition fees :

- b. Book
- c. Institute/College Hostel Charges
- d. Any Other (please mention in detail)

C.	EDUCATIONA	EDUCATIONAL QUALIFICATIONS					
	Name of the Examination	Year	Board/University/Instit	ution	Division/Clas Grade	ss/	% obtained
	XII						
	Graduation an		e: (If result of final year are				
	Degree	Year	Subject	Institute	e/University	Class/Grad	le % obtained
D.	QUALITATIVE		EVEMENT				
D.			on any academic distinction	n arants	scholarshins	and prizes ru	eceived by
	you.	memio	or arry academic distinction	i, grants	, soriolarships	and prizes n	cocived by
	you.						
	2. Please share your achievements so far in any field (not exceeding 200 words.)			ls.)			
	<ol><li>Attach a personal statement (not exceeding 200 words) sharing your dreams, achievements, aspirations and life-goal.</li></ol>						
	domov	Omonic	s, aoptrationo ana mo goar	•			
	•						1. 0
	Candidate is required to give <b>two references</b> of reputed persons other than his/her relatives.						
	The Foundatio	n will b	e at liberty to refer to them	ı regardir	ng the candida	ite's eligibility	/ tor the

scholarship

(a)	1.	Full Name	:
	2.	Occupation	:
	3.	Full address with contact No.	:
	4.	Relationship with the candidate	:
(b)	1.	Full Name	:
	2.	Occupation	:
	3.	Full address with contact No.	:
	4.	Relationship with the candidate	:
		by declare that the above information	on furnished by me is true and correct in all respect
	Full Na	ame :	
	Place	and Date :	

## **Authorization by Head of the Department**

I solemnly declare that the Scholarship Committee of the Institute has taken due diligence and the above information (especially point no. A.7, A.12, B.3 and C) furnished by the applicant is true and correct in all respect to the best of my knowledge. I, therefore, recommend his/her candidature for the ABCDEF SCHOLARSHIP SCHEME.

Signature :
Name :
Designation :
Date :

Seal of the Department