

Kshathriya Kshema Sabha

(Regd. 437/81)

Sundaravilasom Palace, Fort-P.O, Thiruvananthapuram - 695 023.

Phone : 2467845

Application for Scholarship for the Year

Name of the Scholarship :

.....

1. Name of the Pupil :

.....

2. Sex :

3. Date of Birth
(attach proof of age) :

4. Present Address :

.....

.....

5. Telephone Number :

6. Permanent Address :

.....

.....

7. Educational Qualification : (From SSLC onwards)

Name of the Examination / Certificate/Diploma	Name of the Board University	Year of Passing	% of marks Obtained	Rank
S.S.L.C (or Equivalent)				
Plus Two (or Equivalent)				

(Note : Attach true copies of Mark Sheets)

8. Entrance Examination :

(i) Name of the Entrance Examination & Date

(ii) Rank obtained

(Attach true copy of the intimation regarding rank)

9. Other merits received :

(Details of Rank/Merritorial success in any examinations including the eminence obtained in School/District etc.

(Support with copies of relevant certificates)

10. Present Admission Secured : (i) Name of the Course :
.....
- (ii) Date of admission :
.....
- (iii) Name of the Institution :
.....
- (iv) Name of the University
:.....
(which awards the final degree/diploma/certificates)
- (v) Duration of the course :
.....

(Please attach true copy of the admission offer and also a certificate from the head of the institution certifying that you are a bonafide student of the institution giving the name of the course to which you are admitted)

11. Total Annual Income of Parents (i) Rs.
.....

12. (i) Name of the Father:
.....
- (ii) Address:
.....
- (iii) Tharavadu / Kudumbam
.....
- (iv) Profession:
.....
- (v) Monthly income (Attach Proof)
.....
- (vi) State Income Tax Pan
.....
- (vii) Annual Income
.....
- (viii) Name of the Unit (Sabha) in which
he is a member
.....

13. (i) Name of the Mother:
.....

(ii) Address:
.....

(iii) Tharavadu / Kudumbam
.....

(iv) Profession:
.....

(v) Monthly income (Attach Proof)
.....

(vi) State Income Tax Pan
.....

(vii) Annual Income
.....

(viii) Name of the Unit (Sabha) in which
she is a member
.....

14. Details of income from other sources
.....

15. Name of the Local Gaurdian
.....

(i) Address
.....

(ii) Tharavadu / Kudumbam
.....

(iii) Profession
.....

(iv) Name of the unit (sabha) in which
he/she is a member
.....

I, do hereby solemnly and conscientiously affirm and declare that all the information given in this application are true and correct to the best of my knowledge and belief. I do agree that if the study is discontinue without convincing I shall forfeit the scholarship award and refund the entire amount to the Kshatriya Kshema Sabha.

Name and Signature of Father/Mother

Place :

Date :

Countersigned by the pupil

We forward the application after due verification. We certify that Shri/Smt
..... is a member of our sabha.

Name of the Unit:
.....

Seal

Note: Attach true copies of the documents asked in the application form without fall. Incomplete applications will not be considered.