**SOCIETY OF ST.VINCENT DE PAUL**

**NATIONAL COUNCIL OF INDIA**

**EDUCATIONAL SCHOLARSHIP SCHEME**

**APPLICATION FOR AWARD OF SCHOLARSHIP FOR THE YEAR 2023-24**

|  |
| --- |
| **Affix a recent** **photograph** |

 **(HES/TVTS/VJES)**

**I. Name of the Student** :…………………………………………………............

**II. Address for Correspondence** :……………………………………………………….......

 ……………………………………………………..........

 .................................................................

|  |  |
| --- | --- |
| Male | Female |

**III. Age & Date of Birth** : Age……………...DOB……………………………….

**IV. Religion** :………………………………………………………………………………………………………

**V. Mobile Number/email ID : ……………………………………………………………………………………………..**

**VI. Family Details of the Student:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Name** | **Relationship**  | **Age****(Years)** | **Occupation** | **Annual Income(Rs.)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| Total Annual Income of the Family |  |

**VII. Details of the Study:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Course** | **Name of the Institution** | **Course Duration** | **Date of Joining** | **% of Marks in Pre-qualification** |
|  |  |  |  |  |

*(Please attach a copy of previous mark list & Bonafide certificate from the institution)*

**VIII. Details of Bank Account:**

|  |  |  |
| --- | --- | --- |
| **Name of the Bank & Branch** | **Account Number** | **IFSCode** |
|  |  |  |

(Please attach a copy of Bank Pass book first page and Aadhar Card )

***Declaration of the student***

 I affirm that the details furnished by me are true and correct to the best of my knowledge and I shall refund the scholarship amount granted to me on the basis of any wrong information furnished by me.

Date: Signature of the Student

**Recommendation of the Conference**

Name of the Conference :

Name of the twinned Country :

Whether the student is adopted

for education in the Conference : YES / NO

Kind of scholarship recommended : HES / TVTS/ VJES

Amount of minimum Local contribution in Rs. : 1000/ 1000 / 150

Date: Name & Signature of the Conference President

**Remarks by the Area Council**

Name of the Area Council :

Remarks by the A.C. President :

Date: Name & Signature of the A.C. President with seal

**Recommendation of the Central Council President**

Name of the Central Council :

 The above Conference has submitted all Completion Reports due from them. I Assured they will be able to send local Contribution to the student account directly. Hence, this student is forwarded for award of scholarship under HES / TVTS/ VJES.

Date: Name & Signature of the C.C. President With seal

**For the use of the National Council of India**

|  |
| --- |
|  |

 **Selected for HES / TVTS / VJES vide serial No:**

|  |
| --- |
|  |

 **Not Selected**

S.ANTONIRAJ, Polachan Ousephkutty

**Date: .08.2023 Education Officer (HES / TVTS) Education Officer (VJES)**

 **National Council of India National Council of India**

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| ***Note:- Please send the applications to the concerned Education Officers only*** |