

# SHAKTI VIDYA NIDHI KOSH (SVNK)

Serial No.....

Rishi Chaitanya Trust (Gurumaa Ashram), Gannaur, Distt. Sonapat, Haryana - 131101  
Ph: 09896263821, 0130-2216500 / 2216501

please attach a  
passport size  
photograph

## SCHOLARSHIP APPLICATION FORM

(Please fill the form in BLOCK letters)

Student's Name: 

F	I	R	S	T	N	A	M	E	M	I	D	D	L	E	L	A	S	T	N	A	M	E
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Permanent Address: 


City: 

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State: 

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Pin Code: 

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 Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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Landline: 

S	T	D	N	U	M	B	E	R
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 Mobile: 

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### FAMILY DETAILS

1. Category for grant\* (Please tick mark one of the following)  
 Needy Widow  Divorcee  War Martyr  Handicapped  Economically Weaker Section

\*Please attach relevant documents along with application form

2. Father's Name: 

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3. His Profession: 

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4. Mother's Name: 

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5. Her Profession: 

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6. No. of adult members in the family: 

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 7. Monthly Family Income (in Rs.): 

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8. No. of Brothers: 

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 9. No. of Sisters: 

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### Declaration\*\*

I/We, hereby, declare that the above mentioned information is correct as per my/our knowledge. I/We understand and agree to the fact that SVNK, at anytime during the tenure, may terminate/revoke or cancel the help/scholarship provided to me or my ward in case any fraudulent information is found in the specified particulars. I/We have read all the terms & conditions and hereby agree to comply with them.

(Signature of Parents/Guardian)

Date: .....

Place: .....



(Signature of Candidate)

\*\*Please read terms & conditions mentioned at the last page of this form before signing.



