

**MERIT SCHOLARSHIP APPLICATION FORM FOR MEDICAL & ENGINEERING
STUDENTS**

A		COURSE OF STUDY	
Course Name		RECENT PHOTO OF APPLICANT	
Year of Study			
Name of College/Institute			

B		PERSONAL DETAILS					
First Name		Middle Name		Last Name			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	DD/MON/YYYY	Place of Birth			
Communication Address							
Validity of Address	DD/MON/YYYY	Email Address					
Telephone No				Mobile No.			
Email Address							
Permanent Address							
Telephone No.				Mobile No.			

C	FAMILY BACKGROUND
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Please fill in the details of your family members and their qualification, occupation and gross income p.a.

Family Member Name	Name	Age	Relation	Educational Qualification	Occupation/ Designation	Gross Income p.a.
Father						
Mother						
Brother(s)						
Sister(s)						

D	APPLICANT'S EDUCATIONAL DETAILS
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Qualification	Year	Name of School/College	Name of Board/University	Percentage/Grade	Special Achievements
SSC or Equivalent					
HSC or Equivalent					
1 st Year Graduation					
2 nd Year Graduation					
3 rd Year Graduation					

E	ACHIEVEMENTS IN CO-CURRICULAR/EXTRA CURRICULAR ACTIVITIES
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Year	Brief Description of the Activities Participated In	Prizes, Awards if any

F AWARDS & SCHOLARSHIPS		
Year	Name of the Award/Scholarship	Awarding Body

G EXPENSES FOR THE COURSE (CURRENT YEAR)	
Item	Amount (Rs.) p.a.

H OTHER SCHOLARSHIPS		
Are you receiving other Scholarship/Free-ship this year from other sources?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If YES, please mention the following		
Name of the Scholarship and the Organization		
Scholarship Amount p.a.		

I DECLARATION / UNDERTAKING			
I certify that the information given above are correct and complete to the best of my knowledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Name of Applicant		Name of the Institute	
Signature		Date	

J REFERENCE BY PRINCIPAL/DEAN OF COLLEGE/INSTITUTE		
Name of Principal/Dean		
Name of the Institute		
Signature of Principal /Dean		
Date	DD/MON/YYYY	Stamp/Seal of College/Institute

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION

Attested copies of

- All mark sheets and respective certificates in support of your educational qualification.
- Award letters of scholarship/awards/prizes received as mentioned in article of this application form under the heading E, F, G & H
- Fee receipts of college/institute for the current year.
- Proof of gross annual income of family members as mentioned in article of this application form heading C.
- Proof of Nationality & Residence

PLEASE SUBMIT YOUR APPLICATION FORM COMPLETED IN ALL RESPECTS THROUGH THE PRINCIPAL/DEAN OF YOUR COLLEGE/INSTITUTE, AT YOUR COLLEGE/INSTITUTE OFFICE

PLEASE NOTE THAT ALL THE CANDIDATES SHORLISTED WILL BE CALLED IN FOR AN INTERVIEW.

SUBMIT THE COMPLETED APPLICATION MY MAIL OR IN PERSON TO

HARJAI FOUNDATION,
S-3/3-4, SUNDER NAGAR SHOPPING CENTRE,
SWAMI VIVEKANANDA ROAD,
MALAD (WEST), MUMBAI - 400064.
MAHARASHTRA, INDIA

Tel No.	+91-22-40 556 200
Fax No.	+91-22-28 737 077
Email	trustee@harjaifoundation.in
Website	www.harjaifoundation.in