THE KARNATAKA STATE WAKF FOUNDATION FOR WOMEN DEVELOPMENT MINORITY WELFARE DEPARTMENT

No. 215, 2nd Floor, Vikasa Soudha, Dr. Ambedkar Veedhi, Bangalore - 560001

SCHOLARSHIP FOR PROFESSIONAL COURSE – MUSLIM GIRL STUDENTS ONLY

(MBBS, BDS, BE, BUMS, BAMS, BHMS, MBA, MCA, MD, MDS, ME, M.Tech, BCA, BBM, BBA, B.Sc(Agri), B.Sc(Hort), B.VSc., Nursing, B.Pharma & D.Pharma)

APPLICATION SHOULD BE FILLED IN CAPITAL LETTERS ONLY

Affix passport size

Curi	rently Studying in	C	ourse	photograph of the student with Signature thereon					
(1	LAST DATE	E TO SUBMIT FILLED IN A pe submitted to the above address only	PPLICATIONS: y - In person / By Pos	10 th Octobe	er 2013 before last date)				
1.	Name of the Student								
2.	Place and Date of Bir	rth							
3.	Full Postal address w	rith PIN Code. (in Block letters)							
4.	(a) Name of Father /	Mother /Guardian							
	(b) Occupation of Pa	rents							
5.	Total Annual Income Guardian	from all sources of Parent /							
6.	Particulars of all examinations passed commencing with the Matriculation (10 th Std / SSLC)								
Sl. No.	Name of Examination	University / Board	Year	of Passing	Class / Division with % and marks (Rank if any)				

To be filled by the Student

7.	(a) Name & address of the college studying at present							
	(b) Is admission through C.E.T. ?	Yes: () No: ()						
	(c) If Yes, Ranking Number with other details (enclose documents) If No, how the admission is secured.							
	(d) Date of admission							
	(e) Course							
	(f) Class / Semester / Year							
	(g) Whether Repeater or Fresher ?							
8.	If you have been sanctioned Scholarship earlier by Karnataka State Wakf Foundation for Women Development? If so, please specify.							
	(a) Date							
	(b) Amount sanctioned.	Rs.						
	(c) Course							
9.	LIST OF CERTIFICATES TO BE ENCLOSED (All Copies should be attested by a Gazetted Officer / Head of the Institution)							
	(a) Matriculation (10 th std / SSLC) Marks Card	YES () / NO ()						
	(b) II PUC Marks Card	YES () / NO ()						
	(c) CET Admission order	YES () / NO ()						
	(d) Income Certificate from the Tahsildar (Income limit upto Rs.2.50 lakhs per year)	YES () / NO ()						
	(e) Previous years Marks Cards	YES () / NO ()						

STUDENT BANK DETAILS – MANDATORY / COMPULSORY																
Student	's Name as per BANK ACCOUNT															
Student's Bank Account No. (Please write the complete 12 or 14 or 16 digit Account No. in the box)																
Name of the Bank:																
Name of the Branch:																
IFSC Code: (11 digit) (Please contact your Bank Manager for this Code)																
DECLARATION BY STUDENT																
I declare that the statements made by me in this application form are true to the best of my knowledge and belief. In case any of the statements made above are found to be false, I hereby undertake to refund the scholarship amount to Karnataka State Wakf Foundation for Women Development, Bangalore																
Place	Place :															
Date	:															
Signature of the student DECLARATION BY PARENTS / GUARDIAN																
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I,																
Place	:															
Date	Signature of the Parent/ Guardian															
	Signature of the Parent/ Guardian															
CERTIFICATE BY THE HEAD OF THE INSTITUTION																
1.	1. This is to certify that Miss: daughter o								of							
	Sri./Smt									e has						
	secured admission through															
2.	2. Miss is not a repeater in class in which															
	she is presently studying.															
3.	3. I hereby recommend to consider her case for sanction of scholarship from Karnataka State Wakf Foundation For									r						
Women Development.																
Place	:															
Date								••••	••••			••••	•••			
Date	Signature of the Head of the Institution with Seal									Seal						