

Bharat Charitable Trust*Nurturing Excellence among Students*

E-mail : bharat.charity@becmpl.com

APPLICATION FOR FINANCIAL ASSISTANCE*(To be filled in by the student's own hand writing)*

Paste one Pass Port size Color Photograph
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1. Personal Data:

(a) Student's Name (in capital letters):								
(b) Date of birth:					Sex: Male		Female	
(c) Father's Name:						Age	:	Education:
Father's Occupation (in detail):								
(d) Mother's Name:						Age:	Education:	
Occupation:								
(e) Gross Annual Income of Family (including all members): Rs.								

(Attach copy of Ration Card/Income Certificate/Salary Certificate/Pension Payment Order. (If any))

2. Address: (IN CAPITAL LETTERS)

Present Address: (for correspondence)				Permanent address:			
PIN:				PIN:			
Contact Phone Number:				Contact Phone Number:			
E-mail address:				E-mail address:			

3. Academic Record:

Examination Passed	Month & year of Passing	Mark			Class	Seat No.	Rank/ Prizes if any.
		Secured	Out Of	Percentage			
S.S.C							
H.S.C							
Entrance exam (JEE/CET/DET/AIEEE/EMCET etc.							

4. Educational reference.

Sr No.	Name of Examination	Name of School /College	Address of School/College	Contact Person	Contact No.
1	8 th STD				
2	9 th STD				
3	S.S.C				
4	H.S.C				

5. Names of Brothers and Sisters with age Occupation/ Class in which studying.

Sl.No.	Name	Age	Occupation/Class of Study	School/College

6. Please State your reason for seeking financial aid.

6. Details of help / aid received from the other Trusts so far in earlier years (Last 5 Years).

Sr No	Name of Organization	Amount	Amount received

7. Academic Extra Curricular Activities & Interest if any: Like debating, Story Writing etc. (Specify in brief)

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8. Particulars of Degree Course for which assistance is required (Tick One):

Engineering:	Medical:	Pharmacy:	Architecture:	Agriculture:
Mention the discipline of particular Degree Course.			:	

9. Mention your reason for choosing the above field of study & how do you think it will benefit you?

10. Particulars of Course for which assistance is required:

Course enrolled in	Duration of Course	Name & address of College	Affiliated to University

11. Date of Admission / Commencement of Classes:

12. Bank Account No of Applicant.....Name & Address of the Bank.....

13. Estimated cost involved for total Course.

Year	Term/Semester	Tuition Fee	Exam Fee	Books & library	Hostel	Pickup	Total.
1 Year	Sem-I						
	Sem-II						
2 Year	Sem-I						
	Sem-II						
3 Year	Sem-I						
	Sem-II						
4 Year	Sem-I						
	Sem-II						
Project							

14. Amount of Aid required for this year Rs. _____

15. Have you applied for study loan to any Bank?

If yes, then give details like name and address, phones No. of the Bank, date of application and present status of your application. _____

16. **Personal information:** Your aspirations, ambitions, career, personal objectives and family background. Include any additional comments or information, not covered earlier, that you would like to provide in support of the application for assistance. Write how you have arranged the money for your admission and how you will arrange the balance amount for your study since if selected, we can assist you maximum up to 50 percent of your study expenses. Write on a separate Paper within 200 words.

17. Name, designation/position/ and Addresses with PIN and telephone Nos. of 2 persons (1) Standing (not related to you) of your locality (2) School or College Teacher who can be contacted to get more information about you and your family.

1. _____

2. _____

PIN.....

Contact Phone:.....

E-mail id:

PIN.....

Contact Phone:.....

e-mail id:

18. If assistance is given, will you donate the same to this trust after completion of your study, when you start earning, so that the same can be given to another deserving student? _____

19. Declaration by the Parent/Guardian: I here by confirm that the above information is true and correct and I shall persuade my ward to donate the assistance on his working

Name of Parent/Guardian
(In Capital Letter)

Signature of Parent/Guardian

Date

20. Certificate by the College Authorities: Certified that the above named student of our College is studying In.....If he/she is getting any other assistance, the amount & source will be intimated to you.

Signature of Principal (With College Seal)

College Phone No:

Name:

Designation:

Date:

Please read the following instructions in detail:

- ③ Kindly read and understand the instructions before filling up the application form.
- ③ Applications are invited only from the poor students who have passed 12th Examination in 1st Class merit.
- ③ No Applications from the students who have secured admission under Management Quota will be considered for assistance.
- ③ Please attach 1 certified copy of your 10th Std and 12th Std and CET Exam. Mark sheet along with the application form without which the application will not be considered.
- ③ The receipt of the 'Online CAP admission' must be enclosed with this application.
- ③ The copy of the school leaving certificate should be attached with the application.
- ③ Application form must be signed by the applying student and the parent / guardian of the applying student.
- ③ This Application form is available on our website www.becmpl.com
- ③ Applications not short-listed for the Financial Assistance will not be informed to respective students & no separate communication will be entertained
- ③ The committee will be the final authority either to approve or reject the Financial Assistance. The Trust reserve right to make such changes in these term & conditions as it may consider necessary. The decision in this regard will be final & binding.

Completed application forms must be signed & returned by post or email (Scan copy) to:

BHARAT CHARITABLE TRUST

J-78, M.I.D.C. Kupwad, Sangli 416 436

Ph. (0233) - 2643977, 2644277

Contact Person:- Mr. Mahavir Patil/Mr. Santosh Patil/Mr. Suhas Malgave

Mob. No. 08554991377/08554991454/08554991309

Web- www.becmpl.com

Email Address:- bharat.charity@becmpl.com

Declaration

Declaration by the Student: *I hereby declare that the information given above in this application is true and correct to the best of my knowledge and belief. If at any stage it is found that I have provided any false information, then my financial assistance will be discontinued and I may be asked to return the amount immediately.*

Further I solemnly promise that upon completion of my education and on working, I shall donate the assistance amount received through the Trust for use as similar assistance to other poor and meritorious students.

Name of the Applicant
(In Capital Letter)

Signature of Applicant

Date