

GOA SHIPYARD LIMITED

APPLICATION FOR FINANCIAL ASSISTANCE UNDER THE SOCIAL AID PROGRAMME (2019-2020)

Sl. No.	Particular	Details			
<u>PERSONAL DETAILS</u>					
1	Full Name				
2	Address				
3	Contact Number				
4	Gender				
5	Date of Birth				
6	Category You Belong (SC/ST/OBC)				
7	Father / Mothers Name				
8	Father / Mothers Occupation				
9	Annual Income of parents from All Sources				
<u>EDUCATIONAL DETAILS</u>					
10	Examination Passed	Month & Year of Passing	Total Max. Marks	Total Marks Obtained	Percentage
	SSC/ X				
	HSC/ XII				
11	Name of the College				
12	Address of the College				
13	Name of the course				
14	Date of Admission				

15	Academic Year	Total Max. Marks	Total Marks Obtained	Percentage	Name of College
	1 st Year				
	2 nd Year				
	3 rd Year				
	4 th Year				
	5 th Year				

Certified that the statements made by me in this form are correct. I declare that in case I am selected for a scholarship, I shall devote my full time to the course of study, and that I shall not receive another stipend/scholarship from any other source.

DATE :

Signature of Applicant

Self attested copies of documents required: 1) Bank Pass book 2) All Educational Marksheets 3) Parents Income Certificate 4) Residential/Domicile Certificate 5) Caste Certificate 6) Admission Proof 7) College ID 8) Self Declaration of non-employment.

TO BE FILLED IN BY THE COLLEGE

Certified that Mr/ Ms _____

a) Has taken admission in this college for the course _____ for _____ year (1st, 2nd, 3rd, 4th or 5th)

OR

a) Is a bonafide Student of this College studying in _____ course _____ year (1st, 2nd, 3rd, 4th or 5th) in _____ division having _____ Roll. No.

(Strike out the point whichever is not applicable)

Principal's Signature and Rubber Stamp

SELF DECLARATION

I, Miss/Mr. _____ student of _____

College, studying in _____ course in _____ year hereby declare that:

- i. I am not gainfully employed in any job, trade, profession or business.
- ii. I have not availed any financial assistance / Scholarship through any other Schemes.

DATE :

Signature of Applicant