

KISHINCHAND CHELLARAM EDUCATIONAL TRUST

3rd Floor, Gazdar House, 629-A, J.Shankar Sheth Marg,
Dhobi Talao, Mumbai - 400 002
Ph: 022-66355600 / 22012896 **Email:** ag@kcindia.com

1. Surname_____ Name_____ Father’s Name_____
2. Date of Birth_____ Place of Birth _____
3. Permanent Address_____
- _____
- _____Contact No: _____
4. Examination last passed: STD_____ Marks Percentage_____
5. Promoted to STD_____
6. Name and Address of Institution where studying at present:
- _____
- _____
7. Monthly Fees: Rs. _____Term Fees: Rs._____
8. Whether the applicant is employed: Yes / No
9. Whether getting any scholarship Yes / No
- Freeship from School Yes / No
10. (A) Particulars of Parental Income.
- Father’s Name: _____Income per annum_____
- Mother’s Name: _____Income per annum_____
- Brother’s Name: _____Income per annum_____
- Sister’s Name: _____Income per annum_____
11. Give name and address of any responsible person known to you:
- _____
- _____
12. Whether holder of K.C.E.T. Scholarship. If so, since when_____

(Signature of Applicant)

CERTIFICATE OF THE HEAD OF THE COLLEGE OR SCHOOL

I certify that above said person has been a bonafide student in the institute from _____and does/does not receive any benefit from the institute, private body or Government.
The other statements made by the applicant above, are true to the best of our knowledge and belief. My remarks regarding his/her progress, conducts are as under:-

1. Character of the Applicant _____
2. Regularity of attendance _____

Date: _____
Place: _____

Signature of the Head of Institute
Stamp of the Institute

Please attach self-attested copies of: Mark Sheet, College ID Proof, Income Certificate and Aadhar Card
Note : 1. No Application for award of scholarship will be considered if it contains any incorrect statement or if all facts are not disclosed.
2. In case the space in this form is not sufficient, please give the required information on a separate sheet.