

### DOCUMENTS TO BE ATTACHED

Required Documents	Yes /No
01 Passport size photograph	
Attested Birth certificate/proof of age	
Attested Mark sheets for X , XII/ Graduation	
Attested Leprosy/Disability Certificate of self/ parents	

**APPLICATION FORM**  
**One Year Scholarship Program 2021-22**

**Course Applied For**

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**1. Applicant's Name (In Block Letters)**

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**2. Father's Name**

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**3. Mother's Name**

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**4. Domicile State (State to which the student belongs to)**

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**5. Correspondence address**

**6. Email Id: .....**

Pin Code																			
Contact no. (Self)*																			
Contact no. (Father)*																			
Contact no. (Colony Leader)*																			

**\* Contact numbers are mandatory**

**7. Date Of Birth (Please Enclose Age Proof)**

D	D		M	M		Y	Y	Y	Y

**8. Who is affected by Leprosy (put ✓ )**

**9. Whether family has a BPL Card (put ✓ )**

Self	
Father	
Mother	

Yes	
No	

**10. Details of Educational Qualification: Matriculation/SSLC/SSC/Graduation**

Examination Passed	University/Board /Council	Main Subjects	Year of Passing	Percentage	Division

11.. Kindly mention the Name/s of your sibling/s who has got scholarship from S\_ILF in the past. (if no, leave it blank).

Name	Course	Selection year

12. Preferred Institutes

Sr No.	Name of the Institute	Complete Address of the Institute

I..... (Name of the Applicant) hereby declare that to the best of my knowledge the above information furnished by me is true and I understand that if at any stage, it is found that the information provided by me is false/ not true, all the benefits given to me under “One Year Scholarship Programme” could be withdrawn.

Date:

Signature :