

**ShriRam Group of Colleges, Banmore, Near Gwalior MP**

**SCHOLARSHIP FORM**

1. Name of Student - ………………………………………………………………………………..
2. Father’s Name - ……………………………………………………………………………….
3. Mother’s Name - ……………………………………………………………………………….
4. Date of Birth - ………………………………………………………………………………
5. Address - ……………………………………………………………………………….
6. Telephone No. - ……………………………………………………………………………….
7. Aadhar No. - ………………………………………………………………………………..
8. Category - ………………………………………………………………………………..
9. Course - ………………………………………………………………………………..
10. Scholarship Applied For:
* Meritorious Scholarship.
* Sports Scholarship.
* Defense Scholarship.
* Single Parent / Covid-19 Financial Aid

Student’s Signature Parent’s / Guardian’s Signature

Date: Date:

**(For office use only)**

STUDENT NAME – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOLARSHIP TYPE & AMOUNT - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VERIFIED BY - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Seal & Signature

 Admission Board