

I know the applicant's family personally. The applicant belongs to _____ community and I have personal knowledge of the material particulars of the applicant's / his family's income and wealth and the information furnished in the application is true and correct to the best of my knowledge. The Parent / Guardian is poor and the applicant deserves help.

Signature

Name :

Address:

l of the Institution

e:

e:

Names and Addresses of TWO persons of repute who know your family and belong to GSB community, but not related to you.

2.

nes and Addresses of one each of the following should be furnished:

TERNAL UNCLE

PATERNAL UNCLE

2.

ase arrange to submit your Application for Scholarship on the Enclosed application along h following documents.

Ration Card Copy/Address Proof

Attested Marks Card of Last qualifying examination

Study certificate from the college where you are studying at present

Income certificate

Postal Order for Rs. 20/-

Self addressed Rs. 5/- stamp cover



Ammembal Subba Rao Pai Memorial Fund

Canara High School Compound, A.S.R.P. Road, Dongerkery, Mangalore - 575 003

Phone: 0824-2492610 Email: asrp1913@gmail.com

Application Form for Centenary Free / Loan Scholarship

Instruction to Applicants:

1. An applicant is eligible to apply for the scholarship if his father is a G.S.B.
2. Applicant belonging to any other sects of Saraswath Brahmin Community is not eligible.
3. Application should be completed in all respects. If any item is not relevant, it should be specified as "Not applicable". If any item is left blank, the application will be treated as incomplete.
4. Are you applying for Free scholarship or Loan scholarship Free ☐ Loan ☐ (Tick ✓ whichever is applicable)
5. A processing fee of Rs. 20 in the form of Postal Order should be enclosed with each application.
6. A self addressed 5 rupee stamped envelop of size 11 cm x 24 cm should be enclosed.
7. A self attested passport size photograph should be affixed on the application.
8. The application should reach the Fund's office by 15th October. Application received late will not be considered. The Fund is not responsible for postal delays.
9. Incomplete Application form will not be considered.

Name of the Applicant :

Sex:

Date of Birth:

Father's Name :

Profession :

Address :

Passport Size
Photo

Guardian's Name
(if applicable) :

Profession :

Address :

Permanent Address
(with phone/mobile Nos.)
(Enclose Proof)

Postal Address for Correspondence
(Give phone / mobile Nos.)

Course of Study _____
Total Marks obtained at the last qualifying Examination _____ out of _____ = _____
% held in Month _____ Year _____ (Enclose attested copy of Mark List)

College of study with Address
(Enclose Study Certificate)

College Fee (Details to be furnished)

Hostel Fee / Monthly expenses (Details to be furnished)

Have you taken any assistance / loan / advance from any bank / institution / other sources.
(If so full particulars to be furnished)

Particulars regarding the applicant's family wealth:
Nature of Asset Value/Market value as on date of application

- a) Bank Accounts including all kinds of deposits
- b) Investments in shares / debentures / Mutual Funds etc.
- c) Details of House(s) owned by applicant / family
- d) Details of any other immovable property of applicant / family
- e) Any other form of investments with details
- f) Any other valuable assets with details and description
- g) Vehicle(s) owned by applicant / family

Number of Members in the family
Number of Earning Members in the family
Total Annual Income of the Family
(Enclose Income Certificate)

Are you or your parents/guardian assessed to Income Tax? Yes / No
(If Yes attach latest Income Tax assessment order)

We declare that all the particulars filled in the application are true and correct to the best of our knowledge. We also declare that if at any later stage the particulars furnished in the application including income, wealth etc. are found to be wrong, we will refund forthwith the loan scholarship amount to the Fund with 10% interest p.a. from the date of the loan and will not be entitled to the benefit of easy repayment and interest conditions normally applicable to the loan. We also declare that we shall abide by the Rules of the Fund.

Place: _____
Date: _____ Signature of Father/Guardian _____ Signature of the Applicant _____

Consent of the Co-obligant

(If Co-obligant is other than father / mother proof of Permanent residence and income is to be furnished.

I agree to be the Co-obligant. My Gross Annual income is Rs. _____
My age is _____. My father's name is _____



Place: _____ Signature _____
Date: _____ Name: _____

Recommendations by two prominent members of the G.S.B. Community
(To be signed by a member or donor of the A.S.R.P. Memorial Fund or by a responsible member of the Gowd Saraswath Brahmin Community such as Doctor / Lawyer / C.A. / Engineer / Teaching Faculty / GSB Temple or GSB Sabha Office Bearer)

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Signature _____
Name : _____
Seal of the Institution _____
Address: _____

Place: _____
Date: _____