The application should be accompanied the following documents/papers:

- 1. Ration Card/Address Proof
- 2. Attested Marks Card of Last qualifying examination
- 3. Study certificate from the college where you are studying at present
- 4. Income certificate
- 5. Postal Order for Rs. 20/-
- 6. Self addressed Rs. 5/- stamp cover

Ammembal Subba Rao Pai Memorial Fund

Canara High School Compound, Dongerkery, Mangalore - 575 003

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

Application Form for Free Scholarship

Instructions 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. Scholarships are awarded to those who are at entry point of a full time recognised course (PUC/Degree/Diploma) on means cum merit basis. Application from candidates are not at entry point of the course shall not be considered.
- 4. Application should be completed in all respects. If any of the items is not relevant it should be specified as "Not applicable". If any item is left blank the application will be treated as incomplete.
- 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 passport size signed photograph should be affixed on the application.
- 8. The application should reach the Fund's office by 31st July. Application received late will not be considered. Fund is not responsible for postal delays.
- 9. Application form without the required enclosures or incomplete will not be considered.

Name of the Applicant		Date of Birth	Passport Size
ex		Date of Birth:	Photo
ather's Name	:		
rofession		The second secon	
Address with Phone No.			
Guardian's Name if applicable)			
rofession	:		
Address			

Permanent Address :
(with phone/mobile Nos.)
(Enclose copy of Ration Card)
Postal Address for Correspondence
(Give phone / mobile Nos.)

ourse (of Study for which Scholarship is required		
otal Ma	arks obtained at the last qualifying Examination	on	_ out of
	copy of Mark List) % held in Month	Year	(Enclose
icsicu	copy of Mark Elsty		
The second second	of study with Address e Study Certificate from the college)		
ollege	Fee (Details to be furnished)		
lostel I	Fee / Monthly expenses (Details to be furnis	shed)	to leave trans
ank / i	ou taken any assistance / loan / advance from nstitution / other sources. all particulars to be furnished)	any	
	ars regarding the applicant's family wealth: of Asset	Value/Market value as	
		on date of application	
	k Accounts including all kinds		
	estments in shares / debentures /		
	ails of House(s) owned by licant / family		
1	ails of any other immovable perty of applicant / family		
	other form of investments details		
	other valuable assets with		
y) Veh	cicle(s) owned by applicant / family		
Number	r of Members in the family		
Number	r of Earning Members in the family		
	nnual Income of the Family se Income Certificate)		reach is transplant in stage and one blists
	u or your parents/guardian assessed to Incom attach latest Income Tax assessment order)	ne Tax? Yes /	No

We declare that all the particulars 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 the scholarship amount to the Fund forthwith. We also declare that we shall abide by the Rules of the Fund.

the Fund.
Place:
Date: Signature of Father/Guardian Signature of the Applicant
Recommendation 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)
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:
Name .
Seal of the Institution Address:
Place: Date:
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:
Seal of the Institution Address:
Place:
Date: