OM CHARITABLE TRUST

Educational Scholarship Application Form

To be sent by email to omcharitabletrust@gmail.com for processing		
Name of the Applicant		
(in Block Letters)		
Date of Birth*	Co	
	Sex:	
Address *		Latest PP Size Photo
		of the Student
Whatsapp Mob. No.:	Landline No.:	
Email:	Lunume No	
	Vac/Na (If you attach cortificate	\ \
Are you a handicapped person :	Yes/No (If yes, attach certificate)
Father/ Mother / Guardian Name		
Occupation*		
Annual Income		
School/ College Name		
Address		
Contact Person Name :	Designation:	
Contact Phone Number:		
Course completed		
previously	Attachments/ Proofs (Cop	by to be submitted)
Marks secured *	1. Latest Mark Sheet	
Present Course / Class	2. Fees Demand Notice	
Percentage of marks secured	3. Income certificate	
- Till Last year / Last semester	4. Employment certificate	
Arrears (if any) - Subjects	5. Age and id Proof	
	6. Transfer Certificate	
Tuition Fees (Annual):	7. Request letter with fam	ily background
Books and Uniform :		
Others (specify) :		
Total	Balance due:	
Paid So far:	Amount requested from Trust :	
* Attach Proof (For more details contact 9600043276)		
I affirm that the above information is correct. I have read the norms for scholarship		
and agree to them.		
		6 .1 .
Date	Signat	ure of the Applicant
For office use		
Approved for		
Paid by Cheque No.	Dt.	
Referred by:		Authorised Person