

GUJARATI DIGAMBER JAIN SAMAJ MAHASANGH

BHAGWAN MAHAVIR SARVAJANIK SCHOLARSHIP FUND



FOUNDER & SPONSOR

SMT. LALITABEN ASHOKKUMAR SOMCHAND MEHTA

SCHOLARSHIP APPLICATION FORM

To, The Chairman / Governor **Bhagwan Mahavir Sarvajanik Scholarship Fund,** Gujarati Digamber Jain Samaj Mahasangh 8th Khetwadi, R. K. Bldg. No. 3, Mumbai - 400 004. Affix Recent Photo of Student

	(A) For Office U	se Only
Sr. No. of Application	3.	Scholarship Demanded Rs.
2. Date of Receipt of Appl.:	4.	Scholarship Sanctioned Rs
	(B) Details of Pa	ayment
1. Cheque No	2. Date :	3. Amount Remitted Rs. :
4. Name of Bank	5. Br	6. Date of Dispatched :
	(C) To be filled	up by student
1. Academic year :	2. Duration of Cour	se : 3. Total No.of Semistars :
4. Last Exam. Passed :		5. Aggregate % in last exam :
6. Present Standard & faculty:	7. Di	ploma or Degree (which one) :
7. Total Yearly College Fees :	8. So	cholarship Requirement :

Respected Sir,

I, Kumari / Kumar _____hereby apply for Educational scholarship for furtherance of my education and complete the study. I hereunder furnish my details.

FOUNDER & SPONSOR OF BHAGWAN MAHAVIR SARVAJANIK SCHOLARSHIP FUND



સ્વ.મહેતા સોમચંદ ચુનીલાલ



સ્વ.મહેતા શકરીબેન સોમચંદ



C.A. મહેતા અશોકકુમાર સોમચંદ



મહેતા લલિતાબેન અશોકકુમાર

		(A) PE	RSONAL DETAIL	S OF S	TUDENT	
1.	Full Name of	Student :				
		(Surname)	(1)	Name)	(Father's Name)
2.		dential Address :				
	(With Postal F					Pincode :
3.	Sutdent conta	act No. : (M)	(B)			Pincode : Others
4.						
5.						Age :
6.						year ? 1/2/3/4/5
8.	-	ress				
		Contact No.				
						Pincode :
			-4-: 6 4 4b.			
9.		D	etails of Last thr	ee years	s result	
	YEAR	COURSE	STANDARD	*P.C.%	REMARK	(S (SPECIAL ACHIEVEMENT)
1)						
2)						
3)						
Plea	ase attach certi	fied Xerox copies of M	ark Sheets only for	Last two	years. * Gi	ive aggregate %
		(B) F.	AMILY DETAILS	OF STU	JDENT	
(a)	Full Name of F	ather :				
(b)	Permanent Ad	dress :				
(c)	Father Contact	t No		Email Id	:	
(d)	Father's Occup	oation :				Sibling
(e)	Mother's Name	e:		Mother's	Occupation	n :
l ` ′						
(g)	Native Place :					State :
		(C)	FEES & FINANC	E DETA	AILS	
,-\	Vanilia O. II					Tatal D
(a)						Total Rs.:
(b)						
(c)	•	·				
(d)	,					
(e)	-					(3) Sister Rs
(f)	•	` ,	` ,			(3) Sister Rs
(%)	, ,	` ,	-			
(g)					=	Exp. Rs
(h)	Give details (on onier expenses				

I, the undersigned _	(Surname)	(First Name)	(Father's Name)
associate with this ir	nstitute and also contribu	s provided by me is true, correct ute to the cause of development. I erest of the nation at large, on start	will donate to trust for furtherand
Date :		Signatur	e :
	(E) FATHER	/ GUARADIAN'S DECLARATI	ON
I, the undersigned_			Age :
	(Surname)	(First Name) (Fa	ather's Name)
father / guardian of_		hereby know th	at my son / daughter has applie
to the truct ter cene		ledge. I also declare that informa	
Correct & complete.		my son/Daughter and my Family ontribution for the development of	
Correct & complete.	a'. We always give our c	ontribution for the development of	
Correct & complete wisher to the 'sansth	a'. We always give our c	ontribution for the development of	sanstha.
Correct & complete. wisher to the 'sansth Date :	a'. We always give our c	Signature ATION BY A RESPECATBLE man / professional person / well pl	PERSON aced employee.
Correct & complete wisher to the 'sansth Date : N. B. : This is to be s	a'. We always give our c	Signature ATION BY A RESPECATBLE	e :PERSON
Correct & complete wisher to the 'sansth Date :	a'. We always give our complete the complete our complete	Signature ATION BY A RESPECATBLE man / professional person / well pl	PERSON aced employee. (Father's Name)
Correct & complete wisher to the 'sansth Date :	a'. We always give our complete the complete our complete	Signature ATION BY A RESPECATBLE man / professional person / well pl (First Name)	PERSON aced employee. (Father's Name)
Correct & complete wisher to the 'sansth Date :	(F) RECOMMENDA Signed only by businessi (Surname) years, hereby decla ars. The information prove true, correct and completession / Service :	Signature ATION BY A RESPECATBLE man / professional person / well pl (First Name) are that I know Mr./Ms vied in the application form are fully	PERSON aced employee. (Father's Name) y read & verified by me and I havolarship:
Correct & complete wisher to the 'sansthe Date :	(F) RECOMMENDA signed only by businessi (Surname) years, hereby decla ars. The information prove true, correct and completession / Service : ne) tial address :	Signature ATION BY A RESPECATBLE man / professional person / well pl (First Name) are that I know Mr./Ms vied in the application form are fully lete. I recommend him / her for sch	PERSON aced employee. (Father's Name) y read & verified by me and I ha olarship:

copies to be attached i.e. (i) Mark Sheet (ii) Receipt of College Fees (iii) Other Expenses etc. (iv) Xerox of Ration Card, Electric Bill, Rent Receipt. 4. Student may be called in interview. 5. Trust shall be at Liberty to stop the payment at any time without assigning the reason., 6. No reason shall be assigned in case of rejection of application. 7. Any suggestion or comment can be made to the trust on a separate sheet. 8. Form to be filled up by the student himself in his own handwriting. 9. Mahasangh publishing monthly magazine (i.e. Lokadhar) with yearly subscription Rs. 250/- (Two Fifty only). However non-member student has to pay concessional rate of Rs. 600/- (Six Hundred) for magazine, in advance, for four years. 10. It is expectation from the student that he may remain ever associate and attach with SANSTHA (i.e. Mahasangh) even after finishing his study. 11. Any deserve student will be given scholarship on merit irrespective of cast, creed and sex. 12. Strike out what is not applicable.