

Date:

1. Name of Applicant _____		Date of Birth	
2. Father's / Husband's Name _____		DD	MM
3. Permanent Address _____		YYYY	
_____		Sub-Caste	
_____		_____	
_____ <i>Pin Code</i> _____		Annual Income of Parents	
4. Contact No.	Phone: _____ Mobile: _____	_____	
5. Native Place Address _____		Parents' Occupation	
_____		<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Others (Specify)	
_____ <i>Pin Code</i> _____		_____	
6. Email ID _____		_____	
7. Details of Maternal Side (Nanihal Side)		_____	
Name: _____		_____	
Relation: _____ Mobile: _____		_____	
8. Present Qualification : _____			

9. Details of Higher Education intended for _____		Duration: _____	
10. Amount of Assistance Required (upto 200,000/-)		_____ <i>in words Rupees</i> _____	
11. Name of Institution _____		Contact No of Institution _____	
Address of Institution _____		_____	
12. Applicant's Bank Account Details			
Name of the Bank & Branch _____			
Type of Account _____		Account No. _____	
13. Papers enclosed (All papers should be attested by Gazetted Officer) (✓)			
<input type="checkbox"/> Student's Photo Identity: i) PAN Card, ii) Voter ID, iii) Passport, v) Driving License (Any 1) <input type="checkbox"/> Address Proof i)Bank Pass Book,ii) Ration Card, iii)Tele./Elec.Bill, iv)Aadhar Card(Any 1) <input type="checkbox"/> Pledge by Applicant and Guardian on a stamp paper <input type="checkbox"/> Mark Sheet of Class X ,XII and the last examination taken by the candidate . <input type="checkbox"/> Present studies documents with admission proof <input type="checkbox"/> Fee & expenses details (Approved by Institution) <input type="checkbox"/> Proof of Parental Income (I.T. Return acknowledgement) <input type="checkbox"/> Certificate as proof of Date of Birth			
Reference			
Name: _____			
Mobile: _____			
Signature: _____			

I confirm having read the Rules & Regulations of Vaidya Pt. Ramnarayan Sharma Vipra Higher Education Collaboration Scheme and shall abide by the same and I declare that the above information submitted by me is true.

Signature of the Candidate

FOR OFFICE USE ONLY

We have verified all attached details and recommend for Financial Assistance	Assistance Sanctioned ₹ _____ In Words Rupees _____)
Zonal Authority	Scheme Committee Member