

Rajarshee Shahu Science College Chandur Railway

Dr.APJ Abdul Kalam Adoption Scheme



Application Form

Name of the Student :

Class :Group :Contact Number :

Name of the Father :

Name of the Mother :

Permanent Address :

.....

Occupation : Father/Guardian :Mother

Annual Income: Hostelite : Yes/No

BPL card holder : Yes /NoSelf earning : Yes/No

Undertaking

I am Mr./Miss.....Son/Daughter of.....

hereby declared that the above information is true to the best of my knowledge and belief.If it is found false, then I will not be eligible to avail facilities under this scheme.also I am agreed for all the terms and conditions.

Student Signature

Parent /Guardian Signature

Scrutiny Committee Remark

The above information given by Mr./Ms.....is verified as per the norms led by the college and it is found to be true/false.I/We do /do not recommended him/her for availing facilities under “Dr.APJ Abdul Kalam Adoption scheme”.

Name of the Mentor : Signature.....

Committee Member: Signature

Coordinator’s Remark

Mr./Ms.....on basis of report given by the scrutiny committee is recommended for financial assistance under “Dr.APJ Abdul Kalam Adoption scheme”

Date :

Coordinator

Principal’s Remark

The candidate recommended by the scrutiny and the co-ordinator is granted /not granted financial assistance under “Dr.APJ Abdul Kalam Adoption scheme”

Date :

Principal