



Sanskriti®

..... THE SCHOOL

Session : 2016-17

APPLICATION FOR SCHOLARSHIP

Basis : Academics/ Sports

Note : Before filling up the form, Kindly read terms & Conditions
All entries be done in BLOCK LETTERS

Applied for Class: _____

Hostel: Yes / No

Name in full: _____

Father's Name: _____

Mother's Name : _____

Photographs :

Child

Father

Mother

Achievements :

Activity/Game	Year	Awards/Medal	Class	Conducting Body

A. Particulars of the Student

Gender :Boy / Girl

Category :*General / SC / ST / OBC / Others*

Date of Birth : ___ / ___ / _____

Age:(as on 1st April) _____ / _____ / _____

Place of Birth _____

Home Town _____

Mother Tongue _____

Other Language Known _____

Blood Group : _____

Identification marks _____

Nationality _____

Caste _____

B. Educational Background

School's Name & Address	Class	Year	Medium	Subject	Marks	Board

C. Medical History / Health Conditions:

Physical / Learning Disabilities: _____

Food Allergies, if any: _____

Serious illness, (if any) since: _____

Present Health Condition: _____

D. About parents:*(Mother)**(Father)*

Nationality _____

Date of Birth _____

Date of Marriage _____

Educational Qualification _____

Occupation / Profession _____

Name of the Organisation _____

Office Address _____

Phone Number _____ (O) _____ (O)

Mobile Number _____

Annual Income _____

E- mail ID _____

Present Address _____

_____ Phone No. _____

Permanent Address _____

_____ Phone No. _____

E. Understanding of Parents about Child:

Temperament and personality: _____

Aptitude and Interests: _____

Hobbies: _____

Expectations: _____

Qualities you see as important for your child in life: _____

Emergency Contact (In case parents cannot be contacted)

1. Name _____ Tele./Mob. _____

Address _____

2. Name _____ Tele./Mob. _____

Address _____

Details of real brother / sister

	(Name)	(Gender)	(Class & School)
1.	_____	_____	_____
2.	_____	_____	_____

F. Enclosures(Should be signed by Parent)	
1. Academic Reports of Last Three Years	
2. Achivements Certificates	
3. Residence/ Photo ID (Student & Parents)	
4. Others (Please Specify)	

I solemnly confirm that the information given above is correct to the best of my knowledge and belief. Further, I understand that any recommendation will disqualify my ward. I agree to abide by the school rules as may be framed from time to time.

Date : ___ / ___ / _____

Sign of Student

Sign of Father

Sign of Mother

FOR OFFICE USE

Application Received on : _____

Marks Obtained

Comments :

Admission Number : _____ Admitted to Class : _____ Session: 201__ - __ Dated: _____

Endorsed : _____

(Co-ordinator)

(Exam Cell Incharge)

(Office Supdt.)