



Address:

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Chronic Foundation Scholarship for the Merit students

Scholarship Application Form

1	Academic Year	
2	Name of the Student	
3	a) Course Studying b) Class/Section	a) b)
4	Date of Admission	
5	Father Name	
6	Mother Name	
7	Total Marks and Percentage of previous two academic years OR 10th Standard	1. Total Marks.....%..... 2. Total Marks.....%..... (Attach Copies of the Marks Card)
8	Community	SC <input type="checkbox"/> ST <input type="checkbox"/> GM <input type="checkbox"/> (Attach Copy of the Caste Certificate)
9	Religion	Hindu <input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Other:
10	Gender	Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/>
11	Siblings	Brothers: Sisters: (Enter Name and Age of each)

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12	Annual Family Income	Rs. (Attach Copy of Income proof)
13	Immovable Property	Description: Value : Rs.
14	Scholarship Amount Requested	Rs. Justification
Contact Details for communication		
15	Mobile Ph No. of the Student	
16	Mobile Ph No. of Parents	
17	Email ID :	
18	Address :	

Date:

Signature of the Student

Signature of the Parents

For Office Use

Signature of the Principal