

**Merit Scholarship Scheme Application Form**

Colour  
Photograph

- # Please read these Instruction carefully before filling up this form.  
# The form is to be hand/type written legibly in English in Capital letters using blue/black ink only.  
# Attested copies of certificate/marksheet necessary support documents should be attached with this Application Form.  
# Please tick ✓ mark wherever necessary.  
# Incomplete forms without enclosures, wherever necessary, will not be considered. Leave no column blank. Please write "Not Applicable" wherever necessary.  
# Completed application forms should be addressed to Chief Trustee and sent to JM SETHIA CHARITABLE TRUST, at its **Regd. & Head Office** at 133, Biplabi Rash Behari Basu Road, 3rd Floor, Room No. 15, Kolkata-700 001, or at its **Admin. Office** at Gandhi House, 5th Floor, 16, Ganesh Chandra Avenue, Kolkata-700 013, **fon** : +91-33-4040-1300, **Mobile** : +91-93397 93153  
**e-mail** : jms\_trust@yahoo.co.in, **website** : www.jmstrust.com

**Date for Submission of Application Form** - April to July; **Date of Selection of Candidate** - August and **Date of Disbursement of Scholarship** - September OR within the month prior to the next quarter

**GENERAL INFORMATION :**

Category applied for. Pl. tick ✓ wherever applicable  
(Please refer to the Scheme) :

A ☐ B ☐ C ☐ D ☐ P ☐

Duration from \_\_\_\_\_ Duration to \_\_\_\_\_

Male ☐ Female ☐

1. Name & Postal Address of the Applicant :   
 Pin Code
2. Son/Daughter of : Shri/Smt.
3. Date of Birth  4. Tel. No. (with STD)  5. Mobile No.
6. Details of your Bank. Bank Name   
Branch  City   
Account No.  IFSC CODE
7. Name & Address of Last School / College / Institution attended   
Village / Locality  Post   
District  State  Pin Code
8. Academic (Enclose marksheet copy of the examination passed)

PASSED			PRESENTLY PERSUING		
Name of Board / University Passed	Subject (s) opted	Aggregate % marks obtained	Name & Address of School / College / Institution	Academics	Subjects
				<input type="text"/> Course duration (No, of Years) <input type="text"/>	
		<input type="text"/>	Pin Code <input type="text"/>		

9. **Economic** (financial Standing) (Enclose Copy of Last Income Tax Return Filed or else any one proof of income document.)  
1. Parents Annual Income Rs.  2. If Income Tax Assesse, then PAN No.
10. Is **Reservation** applicable. If Yes, then Pl. tick ✓ in the related box and enclose the copy of certificate/documentary evidence if any.
- I. Special Category - handicapped ☐
- II. Excellence extra-curricular activities like sports, NCC 'B' certificate holder, debating, dramatics & social services. ☐
- III. Economically weaker section - of those students, whose parents Annual Income is not more than Rs. 1,20,000/- (Rupees One lac twenty thousand only) ☐
11. **CHECK LIST**-for enclosures, Pl. tick ✓
- i) Copy of marksheet, for point No. 7 ☐ ii) Copy of Proof of Income document for Point No. 8 ☐
- iii) Copy of certificate proving reservation for point No. 9 ☐

## DECLARATION

I/We hereby declare that the information provided is true to the best of my/our knowledge and nothing is concealed/misrepresented. JM SETHIA CHARITABLE TRUST Management's decision will be final and decisive for selecting and granting Scholarship. In case of any discrepancy found at any point of time. I/We would be responsible for cancellation of Scholarship and refund of money received on this behalf. I/We further state that no other Scholarship is claimed from any other sources. I would be entitled for the Scholarship as long as I am enrolled in the above mentioned course/college/institution. I shall furnish quarterly declaration continuity certificate obtained from the Principal/Head of the Institute and authentication about the utilization of Scholarship amount every quarter failing which scholarship amount will be stopped.

Date :

Signature of Applicant

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## RECOMMENDATION FROM THE HEAD OF INSTITUTION

This is to Certify that\_\_\_\_\_ S/o./D/o./Shri/Smt. \_\_\_\_\_  
\_\_\_\_\_ is a student of the Institution and enrolled  
for \_\_\_\_\_ course under Registration Number \_\_\_\_\_

His/Her performance and conduct in the institution has been consistently good. We have no record of him/her availing any other Scholarship. I recommend him/her for consideration for JM SETHIA CHARITABLE TRUST Merit Scholarship Scheme.

Special comments, if any \_\_\_\_\_

**Name of Institution**

**Date**

**Signature of Principal with Seal**

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## FOR OFFICE USE

Ref. No. JMS/20                      /                      Remarks \_\_\_\_\_

\_\_\_\_\_