

Dishaa Charitable Trust

**F-2 Navin's Pushpa, New No-15A Kamatchipuram 1st Street,
Postal colony, Chennai - 33 Phone 24717272**

APPLICATION FORM

AppIn No:

Academic Year 20 ____ to 20 ____

Section A Candidate Information

Photo

Name of the Student:

Date of Birth:

Gender:

Male

Female

Address

Phone No (Furnish PP number if phone not available):

Email Id (If Any):

Father's/ Guardian Name:

Relationship with the Guardian:

Occupation:

Monthly Income:

Details of Other Family Members:

Name	Educational Background	Relationship	Occupation	Monthly Income

Achievement/Extra curricular Activities

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Section B School/ Educational Institution Information

Name of the Applicant:
Name of Principal/Head of Institution:
Name of Class Teacher/Head of Department:
Address of the School/Educational Institution:

City/State:
Class/Year of study:

Type: Government Government Aided Private

Fee Details

Particulars	Amount
Tuition Fee	
Books Fee	
Others	

Note: Books Fee bill needs to be endorsed or attested by the School/Class teacher

Name of the Principal/Institute in whose favour the payment needs to be made.

Scholarship Details (Please furnish the details of any scholarship availed):

Percentage of Marks Obtained in the Previous Academic Year:

DECLARATION

I hereby declare that the above details stated are correct to my knowledge and agree to abide by the rules and regulations laid down by the trust.

Station:

Date:

Signature/Thumb Impression of
Parent/Guardian of the Applicant

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Check list for attachment along with the Application

1. Original Marksheet for Verification
2. Copy of Marksheet of last academic year

FOR OFFICIAL USE

Approved

Rejected

Reasons for Rejection:

Approved by:

Signature

1.

1.

2.

2.

Amount Sanctioned: Rs.

Cash/Cheque No.

Date:

Remarks: