



Application No.



Srimathe Ramanujaya Namaha

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# The Hebbbar Sreevaishnava Sabha ®

No.22, Seshadri Road, Bangalore -560009, Ph: 080-48528222

Web site:-www.hebbarsabha.org, Email ID-president.hebbarsabha@gmail.com

Application for Scholarship – for the Year -2023-2024

|    |   |  |
|----|---|--|
| 1. | <b>Name of the student (In Block letters)</b>   |  |
| 2. | <b>Date of Birth (as per records)</b>   |  |
| 3. | <b>Name of the Father and Mother</b>  |  |
| 4. | <b>Present Address</b><br><br><b>Mobile/Phone No:</b>   |  |
| 5. | <b>Membership Detail<br/>(Applicant/Father/ Mother/Guardian/<br/>ID Card Holders only)</b>  |  |
| 6. | <b>Educational particulars</b><br>a) <b>Previous year</b><br><b>Enclose marks card</b><br>b) <b>Current year</b><br><b>Enclose study certificate</b>  |  |
| 7. | <b>Copies enclosed:</b><br>a. <b>Certified Marks Card of previous year</b><br>b. <b>Study certificate from School/College</b>   | <b>Yes/No</b><br><br><b>Yes/No</b>   |
| 8. | <b>Student Bank Account No.</b><br><b>Enclosed Bank Statement/ Passbook /Cancelled Cheque copy. Mandatory (Not applicable for class 8<sup>th</sup>,9<sup>th</sup> &amp;10<sup>th</sup> Std.,)</b> | <b>Bank A/C.No.</b><br><b>Bank Name</b><br><b>IFSC Code</b><br><b>Branch</b> |

### Declaration by Parent/Guardian and the Student

We do hereby solemnly and sincerely affirm, declare and swear that the statements made and the information furnished above are true to the best of our knowledge and belief. Should it however, be found that any information furnished here are untrue in material particulars, we will forgo all the concession from the Sabha and surrender all the facilities obtained.

Signature of the Student/Applicant

Date:

Signature of the Parent/Guardian/Self

(If the parents are not alive)

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### **Acknowledgement**

Application of Mr./Ms. .... received on .....

Upasabha Seal

Upasabha President/Secretary

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**Rules & Guidelines for apply Scholarship**

1. Student studying in VIII Standard and up to Post Graduation course is eligible for the Scholarship
2. Eligibility to apply for Scholarship will be that Applicant/parents / guardians of applicants must be Single Life members and holding valid ID card of the sabha. As on 1<sup>st</sup> August 2023 they should have completed 6 months of their membership.

**Upasabha Office Use**

The above application is verified in all respects with documents and forwarded to Main Sabha.

|    |     |    |    |    |    |    |    |    |    |    |  |
|----|-----|----|----|----|----|----|----|----|----|----|--|
|    |     |    |    |    |    |    |    |    |    |    |  |
| Pr | Sec | Tr | EC | EC | EC | EC | EC | EC | CC | CC |  |

Date:

Upasabha Seal

**Main Sabha Office**

Verified the application in all respects and forward for further approval processing.

Asst Manager

Manager

Date:

**Scholarship Committee**

Application is recommended for Scholarship in the Scholarship committee meeting held on date .....

Convener

Vice Chairman

The above application is Approved

Secretary  
(Main Sabha)

President  
(Main Sabha)

Date:

.....  
**CONDITIONS FOR THE GRANT OF SCHOLARSHIP**

1. Last date for receiving the filled applications forms to the Upasabha is 25.09.2023.
2. Applications received without filing all the columns and required documents and Pass port size photo, will be REJECTED and no correspondence will be entertained.
3. The Father/Mother and if both are not alive, the guardian or self must be a Member of the Sabha. (Only ID Card holders are eligible to apply).
4. Study Certificate/ Latest Fees Receipt for the current year to be enclosed.
5. Failed candidates are not eligible for Scholarships.
6. The decision of Scholarship Committee in the Grant of scholarship shall be final and Binding
7. Sabha ID card copy to be attached along with the application form.
8. Self-attestation is must in all copies.