

JITO EDUCATION ASSISTANCE PROGRAM

Application Form Report

To,
The Honorary. Secretaries,
JITO HOUSE, Plot No. A-56, Road No. 1, MIDC MAROL,
Near International by Tunga Hotel,
Mulgaon, Andheri (East), Mumbai - 400 093/ 86559 88411
Email: support.jitojeap@jito.org Website: www.jitojeap.in

Dear Sir,
I, hereby apply for JITO JEAP Educational Assistance Program for study.

Form No : JITO-JEAP/2025/1134
Request Date : 30-08-2025
Educational Assistance Type : DOMESTIC

Recommended Educational Assistance Amount	Approved Educational Assistance Amount	Disbursed Educational Assistance Amount	Approved By
0.0	₹ 0.00		

PART(1) : Student Details

Course: MBBS			
Name	SINCHAN RAJENDRA BUDAVI	Contact Nos.	7899510190
Email	ranibudavi@gmail.com	Birth Date	02/09/2006
Native Place	ALARWAD	City	Belagavi Shahapur S.O
Address	PIN CODE : 590003		

PART(2) : Family Details

Relation	Name	Age	Qualification	Occupation	PAN Card No	Office Phone Number	Email	Total Yearly Gross	Total Family Insurance	Total Family Premium
Student (Applicant Details)	SINCHAN RAJENDRA BUDAVI	18	PUC	Student		9108674686	budavisincha0209@gmail.com	0.0	0.0	0.0
Father	RAJENDRA ANANT BUDAVI	48	SSLC	Farmer		7899510190	rajendrabudavi@gmail.com	20,000.0	0.0	0.0
Mother	rajashree rajendra budavi	37	sslc	Housewife		7676205509	ranibudavi@gmail.com	0.0	0.0	0.0
SISTER	laxmi rajendra budavi	16	puc	Student				0.0	0.0	0.0

** I/We hereby give consent to my Son / Daughter to apply for the Educational Assistance.

Signature(Parents) :

PART(3): Association with JITO

Are you Current / Past Student of JITO-JEAP? Please mention Branch :

Any close relative associated with JITO-JEAP? Name :

PART (4): Education Details:

Exam Name	Pass Year	Marks Obtained	Out Of Marks	Percentage
S.S.C		613	620	98.871
H.S.C.		515	600	85.833
Diploma 1st Year		0	0	0.000
Diploma 2nd Year		0	0	0.000
Diploma 3rd Year		0	0	0.000
1st SEMESTER(Graduation)		0	0	0.000
2nd SEMESTER (Graduation)		0	0	0.000
3rd SEMESTER (Graduation)		0	0	0.000
4th SEMESTER (Graduation)		0	0	0.000
5th SEMESTER (Graduation)		0	0	0.000
6th SEMESTER (Graduation)		0	0	0.000
7th SEMESTER (Graduation)		0	0	0.000
8th SEMESTER (Graduation)		0	0	0.000
9th SEMESTER (Graduation)		0	0	0.000
10th SEMESTER (Graduation)		0	0	0.000
MASTERS DEGREE		0	0	0.000
IELTS		0	0	0.000
DUOLINGO(DET)		0	0	0.000
TOEFL		0	0	0.000
GRE		0	0	0.000

Please specify if any extra curricular activities at school/college/University level :

Please specify if any research and development projects undertaken :

Please specify work experience if any :

Name of Company :

Package Rs : 0.0

Work Profile :

PART (5): Courses Details for which Educational Assistance is applied

Name of Course	Commencement Month/Year	Completion Month/Year	University/Institute	City
MBBS	03/10/2025	01/04/2031	KANACHUR INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTERE,UNIVERSITY ROAD,MANGLORE	MANGLORE

PART (6): Cost of Course Details for which Educational Assistance is applied

Requested Year : 1st Year

Amount Requested tuition fees amount : 153,571

Name of Course	1 Year	2 Year	3 Year	4 Year	5 Year	6 Year	Total
Tuition Fee	153,571	141,621	177,027	177,026	0	0	649,245
Living Expenses	234,215	240,425	312,962	312,962	0	0	1,100,564

Other Expenses	105,000	105,000	157,500	157,500	0	0	525,000
Total Expenses Rs	492,786	487,046	647,489	647,488	0	0	2,274,809

PART (7): Funding Details

Particulars	Status	Trust Name	Contact Person	Contact No	Amount(Rs)
Own family funding (Father+Mother)					0
Bank Loan					0
Other Assistance(1)					0
Other Assistance(2)					0
Other Assistance(3)					0
Local Assistance					0
Total					0

As on today is there any unpaid Educational Assistance of JITO by you or your family members? if yes

PART (8): Other Contacts Detail

Relation	Name	Mobile No	Email ID
Maternal Uncle	ABHINANDAN SHANKARGOUDA	9686385083	abhishankargouda@gmail.com
Maternal Aunty			
Paternal Aunty			
Paternal Uncle			

PART (9): Recommendation Member details

Name of Jito Member	Mobile Number of Jito Member	Membership Type	Chapter

PART (10): Declaration By Parent and Applicant

PART (10): Declaration By Parent and Applicant	
I hereby declare that the details in this form are true and correct to the best of my knowledge.I hereby give my consent to my son / daughter / ward for going to : MBBS	
for further studies.If my Educational Assistance is approved, I agree to abide by the terms and conditions of the JEAP EDUCATION ASSISTANCE PROGRAM.I also undertake to keep the office bearers/Trustees informed of my correct address and that of myParents/Guarantors and recommenders from time to time.I will send my second stage documents duly completed.I hereby declare that amount of Educational Assistance will be utilized for education purpose only	
Name of Applicant : SINCHAN RAJENDRA BUDAVI	Signature of Applicant: