

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 tution 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: |