

DOCUMENTS TO BE ATTACHED

Required Document	Yes/No
Proof of admission in a recognised institute/ admission call letter issued by the institute	
-----OR-----	
Annexure I-with institutes preference	
Annexure II- letter from colony leader stating the candidate is residing in the colony	
03 Passport size photographs	
Attested Birth certificate/proof of age	
Attested Mark sheets for X , XII/ Graduation	
Attested Leprosy Certificate of parent/s	

For Office Use Only

Whether application is recommended by State leader	Yes/No	Signature State Leader

**APPLICATION FORM
HHDL- Scholarships 2020-21**

1. Applicant's Name *(In Block Letters)*

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2. Father's Name

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3. Mother's Name

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4. Domicile State *(State to which the student belongs to)*

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5. Correspondence address

6. Email Id :

Pin Code																			
Contact no. (Self)*																			
Contact no. (Father)*																			
Contact no. (Colony Leader)*																			

* *Contact numbers are mandatory*

7. Date Of Birth *(Please Enclose Age Proof)*

D	D		M	M		Y	Y	Y	Y

8. Details of Educational Qualification: Matriculation/SSLC/SSC/Graduation (Please Enclose Certificates)

Examination Passed	University/Board /Council	Main Subjects	Year of Passing	Percentage	Division

9. Name of the course you have been selected for *(Attach admission letter/call letter/admission proof)* **else, Fill the Annexure-I**

Name of the course	
Name of the institute	
Address of the institute	
Whether recognised by Government of India (Yes/No)	

I..... (Name of the Applicant) hereby declare that to the best of my knowledge the above information furnished by me is true and I understand that if at any stage, it is found that the information provided by me is false/ not true, all the benefits given to me under “HHDL Scholarship Programme” could be withdrawn.

Date:

Signature:

ANNEXURE I

I.....son/daughter of.....residing
in.....colony, want to pursue higher studies in academic
Year 2020-2021.

I will be taking the following Entrance Examination for admission into
.....(Name of the course);

1.
..... (Name & address of the institute)
2.
..... (Name & address of the institute)
3.
..... (Name & address of the institute)

ANNEXURE II

Declaration Form (To be filled up by the Colony Leader)

I..... (Name of the colony leader)
hereby certify that Mr/Miss..... has been
residing in this colony.....(Name of the
Colony) and his/her parent/ parents.....(Name
of the parent/ parents) is/are affected by leprosy. I certify that, to the best of my
knowledge, the information provided by the candidate is true. I recommend him/her
for HHDL Scholarship Programme.

Date:

Signature: