

Charotar University of Science and Technology

KANUBHAI AND KAMLAKSHI PATEL SCHOLARSHIP FORM

(For B.Tech (CSPIT)/B.Pharm (RPCP) students only)

Name of Institute: _____

1) Name of the Student: _____

(In Capital Letters)

ID No: _____ Programme: _____ Branch: _____

2) Birth Date : _____

3) Category : _____ Samaj Village Name : _____

4) Father's Full Name: _____

5) Permanent Address: _____

Phone: (M) _____ (R) _____

6) Native Place: _____ Taluka: _____ Dist: _____

7) Total Annual Income of the family from all sources: ` _____ (Last Year)

Attach proof viz IT return, Income Certificate etc.

8) Academic Performance: (Please enclosed result)

Standard	Name of Exam	Month and Year of Passing	Percentage	Annual fees Rs.
12 th				
First/Second/ Third Year				

9) (A) Do you receive Scholarship of any kind from elsewhere? (Please tick)

Yes: ☐ No: ☐

If yes, then please mention the name of scholarship and amount received.

- 1) _____
- 2) _____
- 3) _____

If yes, Mention the total amount of Scholarships: _____

10) Have you taken the admission under Tuition Fees Waiver Scheme (TFWS)? Yes: ☐ No: ☐

11) Bank Account Detail :

- a) Name as per Bank Account : _____
- b) Account Number : _____ IFSC Code : _____
- c) Bank Name & Branch : _____

Important Instructions which candidate should Read and Follow Strictly:

1. Provide necessary information in detail.
2. Submit the application personally in the principal office.
3. Incomplete / Misleading information may lead to disqualification of candidate
4. Please attach a copy of Last year mark sheets, receipt of fees already paid, Income proof (Previous Financial Year), and first page of Bank Account Passbook of student.

We the undersigned declare on oath that the information presented in this form is true.

We understand that any false information will lead to rejection of this application, and other disciplinary actions.

Parent's Signature: _____

Students' Signature: _____

Date: - _____

Date: - _____

I.D. No.: _____

Forwarded through:

The HOD / Principal _____

Date: _____

Signature of HOD/Principal