

**APPLICATION FORM FOR OBTAINING SCHOLARSHIP FROM
S.VAIDYANATH AIYAR MEMORIAL FUND YEAR 2011-2012**

The Member Secretary
S.Vaidyanath Aiyar Memorial Fund
The Institute of Chartered Accountants of India
ICAI Bhawan, I P Marg
New Delhi – 110 002.

Dear Sir,

I request that I may be provided scholarship from S.Vaidyanath Aiyar Memorial Fund to pursue the chartered accountancy course. I give below my particulars:

1		i) Name of the applicant ii) Date of Birth iii) Age													
2		Articles Assistant Registration No.													
3		Full Address													
4		Marital Status													
5 (a)		i) Father's Name ii) Occupation iii) Address iv) Monthly Income (with documentary proof)													
5 (b)		i) Mother's Name ii) Occupation iii) Address iv) Monthly Income (with documentary proof)													
6		Details of all sources of monthly income. Indicate separately from each source.													
7		Total monthly expenditure of the Applicant.													
8		What is the source from which the applicant is presently meeting his/her maintenance and expenditure per month?													
9		Detail of the parents /brothers /sisters of the articulated assistant and their occupation and their income together with source. The details of the financial assistance, if any, provided by them to the applicant.													
10		Qualifications of the articulated assistant [Enclosed copies of mark sheets of examinations passed] i. 12 th ii. CPT iii. PE-II/PCC/IPCC iv. B.Com v. Any other	Marks secured in percentage and whether first attempt or not [state the attempt] <table> <thead> <tr> <th>Marks</th> <th>Attempt</th> </tr> </thead> <tbody> <tr> <td>a).....%</td> <td>.....</td> </tr> <tr> <td>b).....%</td> <td>.....</td> </tr> <tr> <td>c).....%</td> <td>.....</td> </tr> <tr> <td>d).....%</td> <td>.....</td> </tr> <tr> <td>e).....%</td> <td>.....</td> </tr> </tbody> </table>	Marks	Attempt	a).....%	b).....%	c).....%	d).....%	e).....%
Marks	Attempt														
a).....%														
b).....%														
c).....%														
d).....%														
e).....%														

11		Whether Physically Challenged (if yes, enclose attested copy of medical certificate).	

12. Particulars of the family members of the applicant including parents, sisters and brothers.

S.No	Name	Age	Relationship	Occupation	Annual Income
(i)					
(ii)					
(iii)					
(iv)					
(v)					

13 Particulars of School/College/University etc. where the applicant had studied (Any break in the education career should be indicated in the remarks column and attested copies of the certificate should be sent with this form)

S.No	Name of School/College and Institution	Examination Passed	Marks Obtains	Division awarded and % of marks	Remarks
(i)					
(ii)					
(iii)					
(iv)					
(v)					

14 Whether any assistance received / likely to be received from Institute of Chartered Accountants Students Benevolent Fund or from any other source , and if so, provide details.

15 Name, membership no. and address of Principal under whom practical training is being received

I hereby declare that the particulars given above are true and complete to the best of my knowledge and belief and I have not concealed any information there from. I am aware that in the event of any information, if found to be false, distorted or twisted later, I will be disqualified from the receipt of any scholarship from S.Vaidyanath Aiyar Memorial Fund and would be bound to refund the amount even if received already from S.Vaidyanath Aiyar Memorial Fund

Yours faithfully

Signature:

Place: _____

Date: _____

Name _____

Articled Registration Number _____

Address _____

Mobile/Phone Number _____

Email Id _____

P.S. Students who are currently undergoing articled training are eligible to apply for grant of scholarship.

REMARKS OF THE EMPLOYER

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Address _____
Telephone No. _____
email id _____

Signature _____
Name _____
Membership No. _____

RECOMMENDATION

*Recommendation of the Central Council Member/Chairman/Vice-Chairman/Secretary of the Regional Council or Branch of the Regional Council/Ex-President/Chairman/Vice-Chairman and Member Secretary of the S.Vaidyanath Aiyar Memorial Fund.

I have gone through the particulars in the application form which has been filled in completely and the particulars stated therein are prima facie correct. In my opinion, it is a deserving case and financial assistance from the S.Vaidyanath Aiyar Memorial Fund may be sanctioned as per the guidelines.

Telephone No. _____

Signature _____

Mobile No. _____

Name _____

Email id. _____

Membership No. _____

Place: _____

Address/Rubber Stamp _____

Date: _____

*Strike out which not applicable.