RISHI FO	UNDATION [®]	Affix a Passport
Application Form for Scholarship		size photograph with his/her
Fresh /Renewal [Put a tick of	(\checkmark)mark in the box for whichever is applicable]	Signature thereon and attested by the Head of the Institute
Basic Details First Name	Middle Name	Surname
1. Name in Full :		
2. Father's Name : Shri.		
3. Mother' Name : Smt.		
4. Gender : Male Female	5. Date of Birth:	
6. Category : 7. Religion : Hindu/Christian/Muslim)	8. Special Category: (Blind/Hearing Impairment/Lepros Severely Handicapped/Locomotors	
9. Mobile No :] 10. Email id :	
11. Aadhar Card (UID) No :		
Address Details		
12. Address For Correspondence		
District Pin Code	State	
13. Permanent Address :		
District Pin Code	e State	
Institute Details :		
14. Name of the Institute :		
15. Tehsil 16. District	17. State	
Scheme Related Details :		
18. Academic Year :		

Application Details

19. Course Name :		
20. Branch Name :		
21. Course Year : 22. Admission Date (DD/MM/YYYY) : For the course year you are applying for the scholarship)		
23. Enrollment No : 24. Enrollment Date :		
25. Percentage of Marks obtained in Last Examination :		
<u>10th Class Passing Details</u>		
26. Board Name :		
27. Year of Passing (YYYY) : 28. Board Roll Number :		
Eligibility Details		
29. Totals Annual Income (Family) in :		
30. Day Scholar/ Hosteller : 31. Hostel Admission Date : DD/MM/YYYY)		
32. Caste Certificate Number : 33. Caste Certificate Date :		
34. Caste Certificate Issuing Authority :		
Bank Account Details (For Electronic Transfer of Funds)		
35. IFSC Code of the Bank : (If not available) Name of the Bank :		
Branch Name :		
36. Bank Account Number :		

I ______ S/o / D/o / W/o _____

hereby declare that the information given in the application form is true as per my knowledge and belief. I also undertake that if, at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false, the entire amount of scholarship will be recovered from me, apart from such penal action as warranted by law.

Date : Place :

(Signature)