

# MINORITY SCHOLARSHIP APPLICATION FORM (ONLINE)

SESSION 2016-17

## STUDENT REGISTRATION FORM

State of Domicile*		Scholarship Category* (Post Matric/Pre Matric)	
Name of Student*		Date of Birth* (DD/MM/YYYY)	
Gender*		Aadhar Number*	
Mobile Number*		Email Id	

## REGISTRATION DETAIL

Religion*		Community/Category* (GEN/OBC/SC/ST/OTHER)	
Father's Name*		Mother's Name*	
Annual Family Income*		Day Scholar/Hosteler*	

## ACADEMIC DETAIL

Present Institute* (With DISE Code)			
Present Class/Course*		Class Start Date*	
Previous Class/Course*		Mode of Study* (Regular/ Correspondence/Part Time)	
Previous Class (%)*		Previous Passing Year*	
Competitive Exam Year		Competitive Exam Qualified	
Admission Fee*		Competitive Exam Score	
Misc. Fee*		Tuition Fee*	

## BASIC DETAIL

Is Orphan* (Yes/No)		Is Disabled* (Yes/No)	
Type of Disability*		% of Disability*	
Marital Status*		Parents Profession*	
IFSC Code*		Bank Account Number*	

## CONTACT DETAIL

District*		Block/Taluka*	
House No./Street No. etc*		Pin Code*	

Note :- Fields Marked With (\*) are Compulsory

<http://rajsevak.com>

Student Signature