

# Application for Educational Assistance Dnyanvrudhhi Yojana: 20 - 20

## **Durga Devi Charitable Trust**

Office No 15, Symphony 'C', 5<sup>th</sup> Floor, Range Hills Road, Pune 411020

**Tel:** 020 -25560841/ 9146010595 **email:**durgadevitrust@gmail.com

**website:**www.durgadevitrust.org

Full Name: \_\_\_\_\_  
(beginning with surname)

Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Tal: \_\_\_\_\_ Dist: \_\_\_\_\_

Address for Communication: \_\_\_\_\_

Tal: \_\_\_\_\_ Dist: \_\_\_\_\_

Mob No: Self: \_\_\_\_\_ Parent \_\_\_\_\_ e mail: \_\_\_\_\_

How did you know about our Trust: \_\_\_\_\_

### Educational Details

Exam	Yr of Passing	Total Marks	Out of	Percent	Board/Examining Body
S.S.C					
HSC					
MH-CET					
AIEEE or Other CET					
		Diploma %	Degree %	PG %	College/University
1 <sup>st</sup> Yr	Sem 1:				Dip:
	Sem 2:				
2 <sup>nd</sup> Yr	Sem 3				Deg:
	Sem 4				
3 <sup>rd</sup> Yr	Sem 5				PG:
	Sem 6				
4 <sup>th</sup> Yr	Sem 7				
	Sem 8				

Admitted to/Admission sought to: Course \_\_\_\_\_ Subject \_\_\_\_\_ Ac Year: 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup>.

College/Institute: \_\_\_\_\_ Place \_\_\_\_\_

College Fees: \_\_\_\_\_ Paid: \_\_\_\_\_ Balance: \_\_\_\_\_

Bank Loan: Y/N

Hostel Fees: \_\_\_\_\_ Paid: \_\_\_\_\_ Balance: \_\_\_\_\_

**\*PLEASE DO NOT ATTACH ANY DOCUMENTS WITH THE APPLICATION\***

**P.T.O.**

Details of Family Members:

Member	Name	Age	Education	Occupation	Annual Income
Father					
Mother		N/A			
Brother/ Sister					
Brother/ Sister					
Brother/ Sister					

If father in service, name of employer: \_\_\_\_\_

Total income of family per year: \_\_\_\_\_ No of dependants: \_\_\_\_\_

How was your education financed so far? \_\_\_\_\_  
(By Parents/Scholarship/Loans/Govt.aid/Any Other)

Are you a beneficiary or have you been sanctioned financial assistance in any way/under any category/ by other agency? Y/N. If yes, name of the assisting agency & amount: \_\_\_\_\_

**UNDERTAKING**

I, \_\_\_\_\_ hereby confirm that all the information given above is true and correct. If any information is found to be false or misleading, it can lead to discontinuation of assistance.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**For Office Use Only**

Durgadevi Charitable Trust

Date: \_\_\_\_\_

Signature of Trustee: \_\_\_\_\_

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Amount Rs. \_\_\_\_\_ Cheque No: \_\_\_\_\_ Date: \_\_\_\_\_ Bank: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_