

**Renewal - Application for Durga Devi Utkarsh Yojana : 20 -**

**Durga Devi Charitable Trust**

Office No15, Symphony 'C', 5<sup>th</sup> Floor, Sr. No. 210 A, Range Hills Road, Pune-411020

**Tel:** 020-25560841/9146010595 **e mail:** durgadevitrust@gmail.com **website:** www.durgadevitrust.org

Full Name: \_\_\_\_\_

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

Contact No:1 \_\_\_\_\_ 2 \_\_\_\_\_ e-mail: \_\_\_\_\_

Indicate any change in total family income: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Course Yr. 20\_\_ - \_\_ ( Arts/Science/Commerce): \_\_\_\_\_

College Name: \_\_\_\_\_

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

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

Note: Please attach attested photo copies of mark lists.

Course & Ac Year	Score in 11 <sup>th</sup> in 20__	Assistance granted previous year
	%	

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. Any information found to be false and misleading can lead to discontinuation of financial assistance.

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

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

**FOR OFFICE USE ONLY**

Remarks: \_\_\_\_\_

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

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

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