

M.O.P VAISHNAV COLLEGE FOR WOMEN

(Autonomous College affiliated to University of Madras and Accredited by NAAC)



Application for M.O.P. Vaishnav College Scholarship

The Secretary
M.O.P. Vaishnav College for Women,
Nungambakkam,
Chennai – 600 034

Sir,

I hereby apply for financial assistance in the form of scholarship for the year 2017 - 2018 and I am furnishing the full particulars.

I hereby declare that I have carefully read the instructions and promise to abide by them. I declare that all statements made in this application are true to the best of my knowledge. I understand, that if any statement is found wrong, my scholarship grant will stand cancelled and the amount refunded.

I hereby declare that I have not applied for / availed any other scholarship and if taken at a later date, I undertake to refund the amount granted under this scholarship to the College. I also undertake to work in the College for the period stipulated by the College.

Place:

Date:

Signature

Name_____

Course_____

Part I: Personal information

1. Students's name :
2. Other names or maiden name used for enrollment:
3. Date of Birth and Age :
4. Community :
5. Religion :
6. Physical disability, if any :
7. Permanent Address :
8. Local Address (if different) :
9. Phone :
10. E-mail address :
11. Name and Address of the Last Studied Institution:
12. Details of loan availed :
13. Details of scholarship enjoyed previously, if any:

Part – II : Academic Information

(Give Details of your Academic Record of Previous Class)

Examination (Plus Two/ Degree)	Name of the Board/University/College	Year of Passing	% of Marks Obtained	Distinction/Medals If any received

Part – III: Extra curricular Activities

1. Proficiency in games or sports :
 - a. Give details of games or sports
 - b. Mention prizes won at State/National Level
2. Have you taken part in any other activities :
(Debating/dramatics etc..)
3. Cultural Programmes :
4. Other information, if any :

Part – IV : Parents’s Information

(Note: You must complete this section regardless of dependency status)

1. Father/Guardian’s Name :

2. Address :

3. Occupation :

4. Annual Income :

5. Phone :

6. Mother’s Name :

7. Address :

8. Occupation :

9. Annual Income :

10. Phone :

11. No. of Children :

(Their education/employment status)

Brother/Sister -

12. Declaration by the Father/Mother/Guardian

I do solemnly affirm that the information furnished here in above by my ward is true and correct.

Place:

Date:

Signature

Part – V : Office Use Only

Ms. _____

the applicant is a bonafide student of M.O.P Vaishnav College for Women, Chennai – 600 034 and she is recommended for M.O.P Vaishnav College Scholarship for the year 2017 - 2018.

PRINCIPAL

Date:

Instructions:

1. Salary Certificate of the Parents of the Student.
2. The receipt of the fees, which you have already paid – Original only.
3. Parental Income should not exceed Rs. 10,000/- per month.
4. Scholarship is valid for one academic year only.
5. The details furnished under Part-II & Part – III should be adequately supported by relevant documentary evidences.
6. The decision of the Management of the college is final and binding on the Student.

M.O.P VAISHNAV COLLEGE FOR WOMEN, AUTONOMOUS

CHENNAI – 600 034

15th July 2017

CIRCULAR

THE MANAGEMENT OF M.O.P VAISHNAV COLLEGE FOR WOMEN AWARDS SCHOLARSHIP TO DESERVING MERITORIOUS STUDENTS.

- I STUDENTS WHO SATISFY THE FOLLOWING CONDITIONS, ARE ELIGIBLE TO APPLY FOR THE SCHOLARSHIP FOR THE YEAR 2017 – 2018.
1. GROSS PARENTAL INCOME SHOULD NOT EXCEED RS. 10,000 P.M. (RUPEES TEN THOUSAND ONLY).
 2. THE APPLICANTS SHOULD HAVE PASSED THE QUALIFYING EXAMS WITHOUT ANY ARREARS.
 3. STUDENTS WHO ARE WILLING TO OFFER SERVICE TO COLLEGE FOR A STIPULATED NO.OF HOURS AS FIXED BY THE COLLEGE.
 4. SCHOLARSHIP IS VALID FOR ONE ACADEMIC YEAR ONLY.
 5. STUDENTS WHO ARE NOT IN RECEIPT OF ANY OTHER SCHOLARSHIP.
 6. INCOMPLETE APPLICATION AND APPLICATION NOT SUPPORTED BY NECESSARY DOCUMENTS WILL NOT BE CONSIDERED.
- II STUDENTS DESIROUS OF APPLYING FOR SCHOLARSHIP CAN DOWNLOAD THE APPLICATION FORM FROM THE COLLEGE WEBSITE ID: www.mopvc.edu.in AND SUBMIT FILLED IN FORM ON OR BEFORE **31.7.17** WITH THE FOLLOWING ENCLOSURES:
1. SALARY CERTIFICATE OF THE PARENTS OF THE STUDENT.
 2. THE RECEIPT OF THE FIRST TERM FEE – ORIGINAL ONLY.

PRINCIPAL

