

**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 2019 – 2020 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 2019 – 2020.

**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.

