+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 2026 – 2027 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_____

Register No._____

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/CGPA 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 solemnely 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 Vaishav College Scholarship for the year 2026 – 2027.

PRINCIPAL

Date:

Instructions:

1. Salary Certificate of the Parents of the Student.
2. Parental Income should not exceed Rs. 3,00,000/- p.a
3. Scholarship will be provided for either Odd or Even Semester for the academic year – 2026 – 2027.
4. The details furnished under Part-II & Part – III should be adequately supported by relevant documentary evidences.
5. The decision of the Management of the College is final and binding on the Student.