

Kareli Education Trust

Wadhwa Clinic, Subhash Ward, Kareli -487221 (M.P.)

Class - _____ Date of birth ____/____/____

Percentage of marks obtained in the last final exam _____

scholarship year- _____

Name of the student - _____

Gender (Male / Female) - _____

Father's name - _____ Mobile no.- _____

Mother's name - _____ Mobile no.- _____

Class- _____ Categorey- _____ Date of entry - _____

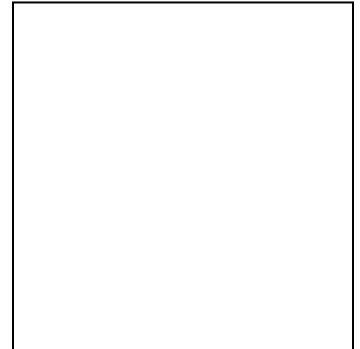
Caste- _____

Aadhar number- _____

Name of school - _____

Address- _____

Full permanent address - _____



Recommendation Letter (Principal / Any other person) - Name - _____

Post - _____ Address - _____

Yearly family income from all the sources _____

If you are receiving scholarship from someone else then give full information about it to the institution

In case I make any wrong declaration then the organization can take back the money

Bank account details

Name of account holder - _____ Relationship with boy / girl - mother / father

Name of the bank- _____ Branch - _____

Account Number - _____ IFSC Code - _____

Aadhaar number of account holder- _____ Mobile Number- _____

Date- _____

Parent / Guardian Signature
