

## SPORTS SCHOLARSHIP APPLICATION

Name o	f the applicant	:					
Class		:	Roll N	Vo:			
Gender		:					
Department		:					
Permanent Address		:					
Contact No		: Mail Id:					
Account No		:					
IFSC C	ode	:				-	
Account holders' Name		:					
Bank &	Branch Name	:				_	
Achieve	ements in Sports/G	ames fo	or which the students	apply for sp	orts scholarship		
Sl. No	Event		Venue	Date	International / Inter-University/	Position secured	
NO					National /	secured	
					State level /		
					Inter-Collegiate		
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I,	certify that all the particulars given above are true to					
the best of my knowledge and belief. If found incorrect at any time, I will be personally liable to						
refund the whole amount.						
Name and Signature of the Student:						
Copy of documents to be attached:						
<ul> <li>Sports certificates</li> </ul>						
<ul> <li>Front page of the Bank Passbook</li> </ul>						
Recommendation from the HoD of Health and Wellness						
I have verified the application and found that the candidate is eligible for the Sports Scholarship.						
Amount approved	: Rs					
Name of the HoD:	Signature:					
FOR OFFICE USE						
The Scholarship Committee has verified the applicant's eligibility and approved the request for						
the Sports Scholarship.						
Faculty in charge of scholarships :						
Signature	:					
Approved by	: The Principal, Marian College Kuttikkanam					
Signature	:					
Date	:					