



**MARIAN COLLEGE  
KUTTIKANAM**  
AUTONOMOUS  
MAKING COMPLETE

## DEPARTMENT SCHOLARSHIP APPLICATION

Name of the Scholarship : .....

Name of the applicant : .....

Class :..... Roll No: .....

Department : .....

Gender : .....

Permanent Address : .....

Contact No : .....

Mail Id:.....

Hosteller/Day scholar : .....

Hostel: .....

Occupation of parents : Father:..... Mother:.....

No. of Siblings : .....

Annual income: : Rs. ....

Religion & Community : .....

Do you get any other scholarships/Stipends from other sources? If yes, mention the amount and the source : .....

Percentage of marks obtained in last University/ Board Examination: .....

Bank Account Number: .....

IFSC Code: .....

Account holder's Name: .....

Bank & Branch Name: .....

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:*

- Income certificate/Ration card
- Mark list of the previous examination
- Front page of the Bank Passbook
- Any other relevant document

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**Recommendation from the Department**

I have verified the application and found that the candidate is eligible for the Scholarship.

Comments: -----  
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Amount Sanctioned : -----

Recommended by:

Name of the Faculty Advisor: ----- Signature: -----

Dept. Scholarship Coordinator, Name : ----- Signature: -----

Head of the Department, Name : ----- Signature: -----

**FOR OFFICE USE**

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The Scholarship Committee has verified the applicant's eligibility and approved the request for the Scholarship.

Faculty in charge of Scholarship: ----- Signature: -----

Approved by : The Principal, Marian College Kuttikkanam Autonomous

Signature :

Date :