CHINMAYA MISSION EDUCATIONAL & CULTURAL TRUST

Tel: 0

"Neeranjali", Round North, Thrissur – 680 020 Tel: 0487 – 2332566, E-mail: chinmayatrustthrissur@gmail.com

APPLICATION FOR SWAMI CHINMAYANANDA PROFESSIONAL EDUCATION SCHOLARSHIP

- The Application is to be filled up in Candidate's own handwriting.
- Please follow the instructions carefully prior to submitting your application.
- All assertions are to be supported by proper documents.

1.	Full Name :			
2.	Mob No :			
3.	Gender:	PASTE YOUR PASSPORT SIZE		
4.	Age & Date of Birth:			
5.	Religion:			
6.	Nationality :			
7.	Father's Name : Occupation : Mobile No			
8.	Mother's Name : Occupation :			
9.	Hobbies:			
10	. Family Annual Income (Attach proof) :			
11	Address for communication :			
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12. Educational Qualifications: (Please attach self attested photocopies of mark lists / Certificates.)

Examination	Name of School/College	Board/Univ ersity	Year of Passing	Class & % of Marks	Regular/ Correspondence Course
High School					
Higher Secondary School					
Graduation					
Post Graduation.					

13.	. Achievements in Co-Curricular & Extra Curricular Activities. Give details, if any.								
16.	Details of Professional Co	ourse pursuing at present							
	Course	College	Year of Admission	Percentage of Marks of Previous years (Mail list to be attached)					
	Details of fees of the Course presently pursuing duly certified by the Institution. Attach photocopy of the brochure of Educational Institution showing the details of fees.								
18.	3. Attach self attested copy of Admission Card and Identity Card.								
19.	9. Are you in receiving any other Scholarships ? If yes, give details.								
20.	Details of participation in Chinmaya Mission activities, If any.								
	Iher	reby affirm that all the fact	s given above are true and	d correct to the					

Signature of Candidate