



NAVCHETNA

Regd

A CHARITABLE INSTITUTE FOR THE BLIND

59, Ghuman Nagar, Opposite Geeta Petrol Pump, Sirhind Road, Patiala – 147004

Ph: 0175 2353530, 97811 20333

Photo

Scholarship Form for 2016-2017

Sl. No. _____ Year _____

1. Name in block letters: _____

2. Date of Birth: _____ Nationality: _____ Gender: _____

3. Place of Birth (Village/City, Dist. State): _____

4. Degree of Blindness: _____ Cause of Blindness: _____

5. Mobile No. _____ Email: _____

6. Educational Qualification:

Sl. No.	Class	Board/University	Year	Result

7. Father's Name: _____

8. Mother's Name: _____

9. Family Income (Rs): _____

I hereby certify that I have not applied for any other scholarship program elsewhere nor will I apply anywhere else for this session.

Date:

Signature/Thumb Impression of the applicant

Documents required with the form:

1. Self-Attested Medical Certificate.
2. Bonafide Certificate of present class or Self attested copy of previous passed class.
3. Self –Attested copy of family income.
4. Self-Attested Aadhar Card.
5. Original Fee Deposit Slip.