

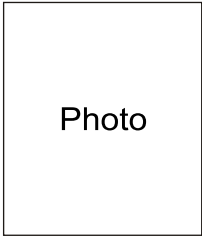
# AAD SCHOLARSHIP APPLICATION FORM

School Name \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

Tel.           Fax       email \_\_\_\_\_



Student Name \_\_\_\_\_

Residential Address \_\_\_\_\_

Tel.

Name of Father/Mother/Gurdian Name \_\_\_\_\_

Occupation (give brief detail) \_\_\_\_\_

Office Address of Father/Mother/Gurdian \_\_\_\_\_

Monthly Income of Father/Mother/Gurdian \_\_\_\_\_

Class : \_\_\_\_\_

Result of Previous Class (Enclose copy of market sheet and relevant certificates, duly attested by Principal/Head).

Give details \_\_\_\_\_

Any Specific Requirement of the Student: \_\_\_\_\_

Note from Students (What is his objective for education). \_\_\_\_\_

\_\_\_\_\_

Name & Signature of Student

\_\_\_\_\_

Name & Signature of Principal/Head of the School \_\_\_\_\_

**(A SCHOOL CAN APPLY FOR MAXIMUM OF TWO SCHOLARSHIPS).**

Please return duly filled in form alongwith relevant documents to

**ASSOCIATION FOR THE ADVANCEMENT OF THE DEPRIVED**

Flat No. 601, Plot NO. 4, DDA Building, Laxmi Nagar District Centre, Delhi - 110 092 Tel. : 011-22457226

**: OFFICIAL USE :**

Remarks \_\_\_\_\_

Registration No. \_\_\_\_\_

Amount/Items Approved \_\_\_\_\_