AAD SCHOLARSHIP APPLICATION FORM

Photo

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 _____