THE NORTH KANARA GOUD SARASWAT BRAHMAN INDUSTRIAL & EDUCATION SOCIETY

Laxmi Sadan, 361, Vithalbhai Patel Road, Girgaum, Mumbai - 400 004. Tel: (022) 2387 73 01

(Reg No S –125 under Society's Act – XXI of 1860) (Reg. No F-7 under Bombay Public Trust Act 1950.)

APPLICATION FOR FREE SCHOLARSHIP ASSISTANCE - For the Academic Year 2016/ 2017

1)	Zerox of Ration Card	☐	Yes	☐	No
2)	Zerox of Marks Sheet	☐	Yes	☐	No
3)	**Zerox** of Fee Receipts	☐	Yes	☐	No
4)	Zerox of Hostel Fees	☐	Yes	☐	No
5)	Zerox of Income Certificate	☐	Yes	☐	No
6)	Cancelled Blank Chq. Leaf	☐	Yes	☐	No
7)	Zerox of Bank Pass Book Pages For last 3 years	☐	Yes	☐	No

Affix Stamp Size Colour Photo Of the Student

Appl. NO:

Date:

Office Stamp

STUDENTS APPLYING FOR THE FIRST TIME SHOULD PROVIDE ZEROX COPY OF PARENTS' BANK PASS BOOK PAGES SHOWING LAST THREE YEARS' ENTRIES.

FOR NEW APPLICANTS ONLY	Decision of the Mumbai Committee.
Recommendations of Local Committee. Meeting Date :-__/____/20___ Remarks Secretary Karwar / Ankola Chairman Local Committee	Meeting Date : ___/____/_20___ Remarks, if any : _____ Granted/ Not Granted Amount Sanctioned : Rs. Secretary Chairman

To be Filled in by Mumbai Office only

Form Recd Date :	__/__ /20	Form Reviewed Date: __/___/20	Meeting held on Date: __/___/20	Sanctioned Amount Regular / Special	Payment Voucher No.
Signature		By :		Rs._____/-	Date : ___/___ /20

Misusing or Copying this F.S.A. Form is liable to disqualify the Applicant. This form is not transferable.

(A) **PARTICULARS OF THE STUDENT**

1. Full Name : _____ _____ _____
   (**Capital Letters**) Surname First Name Father's Name
2. Date of Birth ☐☐ / ☐☐ / ☐☐☐☐ Age ☐☐ Yrs Place of Birth _____
   Date Month Year
3. Examination Passed #_____ Std./Year **2015-16.** Marks_____% **(Attach Mark Sheet Xerox)**
4. Admission taken for #_____ Std./Year **2016-17;** Subject/s _____
   of _____ Board/University. Course Period _____ Years
5. Name of School/College studying _____ Place _____
6. Expenses for the Academic Year 2015-16 **(in Rs.)** ☐ **Fees** + ☐ **Hostel** = Rs. ☐ **Total**

(Attach Xerox copies of Ration card, Marks Sheet, Fee Receipt, Hostel Fee Receipt & Income Certificate; as applicable)

7. Are you a recipient of assistance from the Society in the past: ☐ Yes ☐ No
8. If yes, the amount of last assistance received: Rs _____ for Academic Year _____
9. Do you receive educational assistance from any other institution: ☐ Yes ☐ No

If yes, give the name of the Institution: _____ Place:_____
and the amount of assistance : Rs _____ for Academic year 2015/2016 in Std./Year _____

Note:- 1. # Write School Std. /Year for Arts/Science/Com. /Engg. /Medical/Diploma / Other Course. [Please specify the Year (i.e: Ist / IInd /IIIrd / IVth) but not the Semester]

2. Students must submit this application with in One Month from the date of admission.

3. Date on the Fee receipt would be considered as the date of admission.

(B) PARTICULARS OF STUDENT'S FATHER / GUARDIAN.

1. Father's/ Guardian's Full Name : _____ _____ _____
   (**Capital Letters**) Surname First Name Father's Name
2. If Guardian, relation with the student : _____
3. Educational Qualification: _____ 4. Age ____ yrs 5. Place of Birth_____
6. Occupation : _____ 7. If in service Enclose Salary Certificate ____
8. Permanent Native Place:_____ Taluka:_____District: _____
9. Full Address – Residence: Office :
   _____ _____
   _____ _____
   _____ _____
   _____Pin _____ _____Pin _____
10. Telephone .(Res) | | | | | | / | | | | | | | | | M | | | | | | | | | |
    (Office) | | | | | | | | | | | | | | | M | | | | | | | | | |
11. Gotra :_____ Kuladaivata: _____ Math: _____
12. Total members of Family _____ = Parents [ ] and Children [ ]
13. Family's Annual Income (Gross) Rs [ ] + [ ] + [ ] + [ ] = Rs [ ]
    (Attach Income Statements) Salary Bonus Property Others Total
14. Details of **all members** in the family *Excluding Student.* **Enclose Zerox copy of Ration Card**

Sr. No	Full Name	Relation	Age (yrs)	Educational / Qualification	Employed / Business / Unemployed / Retired	Annual Income (Rs)

15. Children's details : School & College going only

Sr No	Full Name	Relation	Age (yrs)	Std / Year	Annual Fees (Rs)	Name of School / College & Place

Note: Please attach explanatory sheet in case Total Annual Fees payable are higher than your annual income, giving the source of funding.

(C) PARTICULARS OF STUDENT'S MOTHER

1. Mother's Maiden Name : _____ _____ _____
   (Before marriage) (Nee) Surname First Name Father's Name
2. Gotra :___ _____ Kuladaivata :_____ Math *: _____
   Please specify the particular of Before marriage Gotra / Kuldaivata and Math correctly.
3. Mother's Father's Name : _____ _____ _____
   Surname First Name Father's Name
   Permanent Native Place: _____ Taluka_____ District:_____

NOTE - Please give correct information to avoid any further correspondence and Disqualification.

(D) **PARTICULARS OF THE BANK ACCOUNT.**

Name of the Bank: _____ Branch : _____
(Capital letters)

SB A/c No | | | | | | | | | | | | | | |

Branch Tel. No. | | | | | | / | | | | | | | | |
(STD Code) / Number

Branch Address: _____
_____
_____Pin _____

TO AVOID DELAY IN TRANSFERING FSA AMT., SEND BLANK CANCELLED CHEQUE LEAF REFLECTING 15 DIGIT S.B A/C NO. & IFSC CODE. ACCOUNT SHOULD BE IN THE NAME OF STUDENT.

Name of the A/c holder: Shri / Smt _____ _____ _____
(Capital letters) Surname First Name Father's Name

Jt A/c Holder Shri /Smt _____ _____ _____
(Capital letters) Surname First Name Father's Name

NOTE –

1. Parents residing outside Mumbai should open SB A/c with nearest SYNDICATE BANK OR NKGSB BANK in the name of the Student.

2. SUBMIT S.B. A/C BLANK CANCELLED CHEQUE LEAF REFLECTING FULL S.B. A/C DETAILS. THE A/C SHOULD HAVE 15 DIGIT NO. & IFSC CODE. ACCOUNT SHOULD BE IN THE NAME OF STUDENT.

(E) **DECLARATION BY PARENT / GUARDIAN AND STUDENT.**

I declare that, I hail from Uttar Kannada District and I am a follower of KAVALE MATH OF GSB SMARTH COMMUNITY AND / OR MY MOTHER FULFILS THIS CRITERIA.

I hereby confirm that the above particulars are true to the best of my knowledge and I undertake to inform the Society, incase my Son/ Daughter/ Ward receives any financial assistance from the Government / any other Charitable Institution during the current academic year.

I also undertake to refund the amount received from the Society during the academic year in full, in case the details given above are found to be false or incorrect.

I am aware that the Society is granting educational assistance, out of interest income from the investments / donations received from the members and the past students of the community. It will be my endeavor to give donation to the Society for furtherance of assistance to the needy students of the community, soon after I start earning on completion of my education.

_____ _____
Signature of Parent/ Guardian Signature of Student.

Shri./ Smt._____ _____
Full Name **(Capital Letters)** Full Name **(Capital Letters)**

Place: _____ Date: _____

(F) **CERTIFICATE OF PRINCIPAL / HEAD MASTER.**

This is to certify that Kumar/ Kumari _____
has been admitted to _____ Std./Year of this School/ College for the Academic Year **2016 - 17** in this institute.

Place : _____
Date :_____

_____
Principal / Head Master.

Seal – School / College.

Note : For College going / University Students specify the Year on which Year studying but not the Semester. (For Example : B.com II Year, PUC I Year, B.E II Year/ Medical III Year etc.)

(G) CERTIFICATE OF A PROMINENT MEMBER OF THE G.S. B COMMUNITY.

I know the student, Kumar/ Kumari _____ and his/ her Parent/Guardian, Shri./Smt. _____ for the last _____ years and certify that he/she belongs to Uttar Kannada District and are followers of Kavale Math. His/her Kuladaivata is_____. The information contained in this application, about family's financial position is true to the best of my knowledge and belief, and in my opinion the student merits the financial assistance from the Society.

Full Name : Shri./ Smt. _____ _____
(**Block Letters**) _____ Signature.
Address: _____ _____
_____Pin _____ Occupation

Tel No (Res)/(Off) [ ][ ][ ][ ][ ] / [ ][ ][ ][ ][ ][ ][ ][ ] Place _____
(STD Code) / Number Date: _____

GENERAL INSTRUCTIONS

(PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE FORM)

MOST IMPORTANT - ZEROX COPY OF THIS APPLICATION WILL NOT BE ACCEPTED. DO NOT USE Last Year's F.S.A.Form. If you have any, please return it to Mumbai office.

1. **Application from a student whose father hails from Uttar Kannada District (North Kanara) and is a follower of Kavale Math of G.S.B Smarth Community OR whose mother fulfils this criteria and father is G.S.B, WILL ONLY BE ELIGIBLE for the Free Scholarship assistance from the Society.**
2. ***Application without proper enclosures (xerox copies) and items left bank will not be considered for Assistance from the Society.***
3. Students/Parents/Guardians are requested to note that the F.S.A. Assistance Application forms are serially numbered for the current Academic Year 2016/ 2017. These are to be submitted positively with relevant enclosures to the **Society's Office /Local Committee** before the last date/s given bellow -

	Last date for submission
School Students	By 30th June, 16
College Students	By 31st July, 16
Professional courses [Medical / Engineering etc.]	Within 1 month of admission.

4. Students applying for the first time from Karwar / Ankola Talukas, should submit their F.S.A.Forms to -

Karwar Local Committee	**Ankola Local Committee**
Shri Shantaram S. Kulkarni Shantaram Mangesh House, 560, Sea Face, Karwar – 581 301. (Karnataka State).	Shri Durganand. K. Desai, Shree Mangirish, Near Sunder Narayan Temple, Ankola – 581 314 (Karnataka State).

5. Students **applying for the first time** from areas other than Karwar / Ankola Talukas, **should submit** their F.S.A.Forms directly to the **Society's Mumbai Office** for expediting payments of the grants.
Students, who had received the grant/s in earlier academic year/s and are applying again, should send their applications to Mumbai Office with relevant enclosures.

Committee's decision of sanctioning of Free Scholarship Assistance will be final.

6. If any information given in the application is found incorrect / false, the monetary assistance so granted will stand withdrawn and the parent / guardian will be liable to refund the amount received, to the Sosiety.

7. If a student fails in the examination for valid reasons and wants to pursue his /her studies further in the same/ other stream then he /she may apply for free scholarship assistance giving reasons for the failure or change of the course.

For any further clarification please write to the Secretary or contact Mumbai Office on Telephone (022) 2387 7301 between 3 to 7 p.m. Week days and 3 to 5 p.m. on Saturdays.