



BRITISH MALAYALI CHARITY FOUNDATION

Regn No. 1150804

www.bmcharity.org

email: bmcf scholarship@gmail.com

Application for BMCF Nursing Students Scholarship 2017

(Application can be filled in English / Malayalam)

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| 1 | Name of the Applicant | |
| 2 | Full Address of the Applicant (include telephone / email) Bank a/c No. a/c name | |
| 3 | Name of the Father/Mother with contact Nos. | |
| 4 | Percentage of Mark obtained in +2 with name, address & contact No. of school/college attended | |
| 5 | Percentage of mark obtained in SSC with name, address & contact No. of school/attended | |
| 6 | Name ,address & contact No. of Nursing Institute/hospital where admission obtained OR now studying. If studying year (1 st 2 nd year) | |
| 7 | Level of qualification (BSc Nursing/General Nursing) & state under which criteria admission obtained(Govt. quota/management quota etc..) | |
| 8 | Total amount of tuition fee, hostel fee/mess fee and any other fee (Please give details of fees for all academic year/each year) | |
| 9 | Any bank loan/financial assistance received for above. If so detail please including repayment schedule with interest rate. | |
| 10 | Financial situation of family including total monthly income of applicant's parents, household income from property, rent, pension etc. | |
| 11 | Total Number of wage/salary earners in the family including their monthly income ,nature of job, name of employer. | |
| 12 | Does the applicant/parent own their own house ? Total area of land owned by applicant/parents. | |
| 14 | No. of family members in applicant's household. Please specify No. of brothers/sisters currently doing studies. | |
| 15 | Is the applicant received any other financial help ? If so details | |

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| 16 | Any other information supporting to consider this application. | |
| 17 | <p>Declaration: I/We hereby declare that the information given in this application is true and correct. I/We kindly request British Malayali Charity Foundation (BMCF) Trustees to consider this case for financial support. I/we abide by the policy, procedure, BMCF constitution and any decisions by the Trustees make on my case. I/We also hereby declare that I/We have no objection in publishing the news/photos related to my application in 'British Malayali' news, BMCF website and any other social/visual/printed medias. I/We undertake to inform that I/We will be providing further information to trustees about the disbursement of the funds received including the progress/result of studies of the end user/dependants from time to time as and when requested by the office bearers/trustees in order to enable BMCF to publish in the above news/medias. If financially supported, I/We undertake the responsibility to inform BMCF the details of the money spent/to be spent within 30 days of the transaction. I/We also understand that my application will get rejected/not considered in the event of any false/wrong information given.</p> <p style="text-align: right;">Applicant's Name, Sign and Date:</p> | |
| | <p style="text-align: center;">CERTIFICATION BY THE HEADTEACHER/PRINCIPAL</p> <p>I/We hereby certify that the information provided by the Applicant regarding the percentage of marks are true as per the records/mark list verified by me.</p> <p style="text-align: right;">Name: Name & add. Of school/College:</p> <p style="text-align: right;">Contact Number:</p> | |
| | <p style="text-align: center;">CERTIFICATION BY THE PANCHAYAT MEMBER/PRESIDENT/MLA/MP(please specify the official designation of the person certified)</p> <p>I/We hereby certify that the information provided by the Applicant regarding her/his financial background/family details are true and correct as per best of my information and knowledge and I/We recommend him/her for BMCF Scholarship 2017.</p> <p style="text-align: right;">Name: Official designation with Name & add. of institution:</p> <p style="text-align: right;">Contact Number:</p> | |
| FOR BMCF OFFICE USE ONLY: | | |
| Reviewed and Verified by: Enquiry form Ref No. | | |
| Approved for funding (Chairman/Secretary/Treasurer) (Name, Sign and Date) | | |

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