

BRITISH MALAYALI CHARITY FOUNDATION

Regn No. 1150804, www.bmcharity.org

email: bmcfnursing2019@gmail.com Application for BMCF Nursing Students Support Scheme 2019

(Application can be filled in English / Malayalam)

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1	Name of the Applicant	
2	Full Address of the Applicant including the name of panchayat (include telephone / email)	
	Bank 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 (1st 2nd year)	
7	Level of qualification studying (BSc Nursing/General Nursing)	
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. Also state other financial liability/debt of the family if any	
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		er information r this applicati	supporting to on.						
17	Malayali BMCF c publishing social/vis the funds bearers/ti responsi	Charity Four constitution an g the news/ph ual/printed med received includer rustees in ord- ibility to infor	dation (BMCF of any decision otos related to dias. I/We under ding the progress er to enable Bl m BMCF the) Trustees ns by the my applic rtake to info s/result of s MCF to po details of	to conside Frustees m ation in 'Br orm that I/W tudies of the ublish in the the mone	er this case for fina ake on my case. I itish Malayali/Marun e will be providing fu end user/dependant a above news/medi y spent/to be spe	ncial support. I/v /We also hereby of ladan Malayali' n lurther information ts from time to time as. If financially nt within 30 da of any false/wro	correct. I/We kindly recover abide by the policy, declare that I/We have not not trustees about the dise as and when requested a supported, I/We unays of the transaction ong/incomplete information.	procedure, o objection in and any other bursement of I by the office dertake the i. I/We also ition given.
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						Contact Number	:		
	CERTIFICATION BY THE PROMINET SOCIO/ECONOMIC/ADMIN/CULTURAL/POLITICAL/SPIRITUAL PERSONALITIES FROM APPLICANTS' AREA (PANCHAYAT MEMBER/PRESIDENT/SECRETARY/VILLAGE OFFICER/MLA/MP/SPIRITUAL LEADERS(please specify the official designation of the person certified)								
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					Offic	ial designation w	rith		
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