



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)



passportsize photo

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 (1 st 2 nd 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	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/Marunadan 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/incomplete information given.</p> <p style="text-align: right;">Applicant's Name, Sign and Date:</p>
<p>CERTIFICATION BY THE HEADTEACHER/PRINCIPAL (+2)</p> <p>I/We hereby certify that the information provided by the Applicant regarding the percentage of marks obtained in +2 are true as per the records/mark list verified by me.</p> <p style="text-align: center;">Name:</p> <p style="text-align: center;">Name & add. Of school/College:</p> <p style="text-align: center;">Contact Number:</p>	
<p>CERTIFICATION BY THE PROMINENT 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))</p> <hr/> <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 Nursing Students Support Scheme 2019.</p> <p style="text-align: center;">Name:</p> <p style="text-align: center;">Official designation with Name & add. of institution:</p> <p style="text-align: center;">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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