

APPLICATION FOR THE AWARD OF SCHOLARSHIP

Sri Vadrevu Seshagiri Rao Memorial Charitable Trust

Regd.Office: H.No 13-405, Alakapuri, Hyderabad, 500035, (A.P), INDIA

Website:

E-Mail:

Paste your recent
passport size
photo attested
by the Head of
Institution

01. Name of the Applicant :

(a) Aadhaar Card No. :

(b) PAN Number :

(c) Contact Number and Address :

(d) E- mail :

02. Name of the Parent/Guardian :

(a) Aadhaar Card No. :

(b) PAN Number :

(c) Contact Number and Address :

(d) E- mail :

(e) Occupation :

(f) Annual Income :

**(Attach relevant documents from
Employer / Revenue authorities)**

**(g) In case of Income Tax Assesee Please
attach copies of the latest Tax return :**

**03. Mention briefly the academic achievements
of the applicant and attach the copies of
relevant documents :**

(a). Academic details of the last 3 years

Course passed	% of marks obtained	Rank obtained in Entrance exam ,if any

- (b) Details of any remarkable achievements, like medals, certificates, sports etc.

04. Details of the course to which admission is sought :

Course/Branch	College/University

05. Address of the Institution where admission is sought including the e-mail and contact numbers :

06. Have you applied for any scholarship through your Institution? : YES /NO
If not, attach a certificate from the head of the Institution stating that you have not applied for a scholarship to Govt. or any other trust /organization

07. Details of the Scholarship or any other support received from SVSRMC Trust in the previous academic years

Year	Kind of support(scholarship/books etc)	Amount

08. Minimum support expected from the SVSRMC Trust for the current Academic year
Please provide valid reasons :

**09. Attach two letters from responsible persons :
(One from the head of the Institution where admission is sought)**

Declaration of the Applicant

I do solemnly affirm that the statements made in this application are true to the best of my knowledge and belief. I shall refund any support received if any statement made in this application is found to be incorrect.

Date:

Signature of the Applicant

Declaration of the Parent/Guardian

I do solemnly affirm that the statements made in this application are true to the best of my knowledge and belief. I shall refund any support received if any statement made in this application is found to be incorrect.

Date:

Signature of the Parent/Guardian

Important Notes: Please attach copies of relevant supporting documents. Incomplete applications are liable for rejection without assigning any reason.