

Y.C.Z.A. EDUCATIONAL ULARFFABLE FUND

Address: C/o SORABJI EDUUI DAVAR TRUST FUND,
18, SIR H.C. DINSHAW BUILDING,
HORNIMAN CIRCLE, FORT, MUMBAI 400001.
TEL: 022-22665562

Email id: sorabjieduijidevartrusdund@gmail.com



TRUSTEES:

- | | |
|-------------------------------|----------------------------|
| 1) Mr. Nadir Modi (Chairman) | 5) Mr. Saroosh Dinshaw |
| 2) Mr. Kersi Commissariat | 6) Mrs. Farzana Doctor |
| 3) Dr. Nozer Sheriar | 7) Mrs. Beroz Kumie Gazdar |
| 4) Mrs. Nawaz Modi Singhanian | |

Space for Trust Office use only:

For Trustees' use only

Called on _____ at ____ p.m. /a.m.

Rejected /Approved

Sanctioned Rs. _____

Signature : _____

Photo

INSTRUCTIONS FOR APPLICANTS SEEKING EDUCATIONAL HELP for FREE SCHOLARSHIP / LOAN SCHOLARSHIP

- Forms not completely / correctly filled in, may not be considered.
- Please submit salary / income certificates of the Parents.
- Applicants for Education Loan Scholarship will be preferred over Applicants for Freeship. Our Loan Scholarship is repayable only when you are able and, that too, without interest.
- Please submit xerox copies of marksheet and Fee Receipt. Also, Disability Certificate where applicable.
- Reimbursement will only be made against proof of payment of education expenses.
- Original Receipts required for verification.
- Only the Applicant or close relative to submit the Form, along with all necessary documents.

DATE: _____

1) NAME OF THE STUDENT: _____

2) NAME OF THE APPLICANT: _____

3) ADDRESS OF THE STUDENT: _____

4) TEL. NO: _____ E-MAIL ID: _____

5) AADHAR CARD NO. OR PAN CARD NO: _____ (ATTACH SIGNED COPY)

6) NAME OF COLLEGE: _____

7) STUDYING IN CLASS: _____

8) NAME OF THE COURSE: _____

9) RESULT OF THE LAST EXAMINATION: _____ (ATTACH COPY OF MARKSHEET)

10) TOTAL AMOUNT OF FEES PAID: Rs. _____

11) HAVE YOU FINANCED THE FEES? (PERSONAL SAVINGS / LOAN / BORROWED): _____

12) TOTAL FAMILY INCOME P.A.: Rs. _____ (ATTACH SALARY CERTIFICATES)

13) WHAT IS FAMILY CONTRIBUTION TOWARDS TOTAL EDUCATION EXPENSES? _____

14) NUMBER OF MEMBERS IN THE FAMILY (STATE NAMES, AGE AND RELATIONSHIP):

15) STATE PARTICULARS OF HELP IF RECEIVED / EXPECTED FROM OTHER SOURCES:

a.	Rs. _____
b.	Rs. _____
c.	Rs. _____
TOTAL	Rs. _____

SIGNATURE OF STUDENT:

SIGNATURE OF APPLICANT (IF OTHER THAN STUDENT):

NAME OF RECOMMENDER: _____

RECOMMENDATION: THIS APPLICANT IS WELL KNOWN TO ME

NAME OF RECOMMENDER: _____

DESIGNATION AND ADDRESS OF OFFICE / RESIDENCE AND TEL NO.:

SIGNATURE OF RECOMMENDER: _____

GUARANTEE TO SECURE LOAN SCHOLARSHIP

To, _____ Date: _____

The Trustees, Y.C.L.A Educational & Charitable Fund, Mumbai.

It at our request you give a loan scholarship to Mr. / Miss. _____

of Rs. _____ (Rupees: _____ only)

we jointly and severally hereby guarantee repayment of the same without interest.

Name, Address & Tel. No.

Signature _____

Parents / Guardian*

Name, Address & Tel. No. of Co-Guarantor:

Signature _____

Co-Guarantor