Symbiosis Society Foundation

Scholarship Application Form
Session 2011-

SNAP /SET ID: ____________________________ SNAP/SET Score: ____________________________
(Attach photocopy of SNAP/SET ID) (Attach photocopy of score card)

Institute ____________________________ Programme __________________

Personal Details

1) Name
   First Name ____________________________
   Middle Name ____________________________
   Surname ____________________________

2) Category:
   Indian [ ] International [ ] Sports Person [ ] Co curricular [ ]

3) Gender:
   Male [ ] Female [ ]

4) Date of Birth:
   (Date) ________ (Month) ________ (Year) ________

5) Father’s/ Husband’s Name:
   ____________________________

6) Mother’s Name:
   ____________________________

7) Mailing Address:
   City: ____________________________ State: ____________________________
   Pin Code: ____________________________

8) Permanent Address:
   City: ____________________________ State: ____________________________
   Pin Code: ____________________________

9) E-Mail ID:
   ____________________________

10) Alternate E-Mail ID:
    ____________________________

Affix your photograph of 3.5x4.5 cm
**Educational Details**

<table>
<thead>
<tr>
<th>Year of Passing</th>
<th>School / College</th>
<th>Board / University</th>
<th>Stream</th>
<th>Degree</th>
<th>If completed (Aggregate % of marks of all years)</th>
<th>If appearing for Final year (Aggregate % of marks of all years appeared)</th>
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**For Renewal of Scholarship**

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<tr>
<th>Programme</th>
<th>Semester Passed (I,II,III,IV,V,VII,IX)</th>
<th>Year Passed (1,2,3)</th>
<th>GPA</th>
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(Attach photocopy of detail marks card)

**Declaration**

(i) I hereby declare that the information given above is correct.

(ii) I am not availing any other scholarship from any other source.

(iii) I shall abide by the terms and conditions for sanction of the merit scholarship.

(iv) I undertake, that if at any stage, it is found by the sanctioning authority that the information given by me is false or if I violate the terms and conditions of the scholarship, the scholarship sanctioned to me, may be cancelled.

Date: 
Place: 
Signature of the Candidate

**Verification/Information to be furnished by the Head of the Institute**

It is certified that the information filled in the above mentioned columns by Mr/Ms__________ S/O, D/O, W/O Mr.________________ who is admitted in__________ programme for the academic year____________ in__________ Institute is correct.

For Renewal of Scholarship:

It is certified that the above mentioned student has passed the________________________ examination for_________(semester/year) and has attained__________ GPA.

Date: 
Place: 
Signature of the Head of the Institute 
Official seal

Recommended 
Approved

Chairperson, Screening Committee 
Chairperson, SSF