

K.K.J.N.S Association – Scholarship Application Form

Academic Year: _____

1. Student Personal Details

Particulars	Details
Student Full Name	
Gender	
Date of Birth	
Age	
Aadhaar Number	
Mobile Number	
Email ID	
Blood Group	
Father's Name	
Father's Occupation	
Mother's Name	
Mother's Occupation	
Parent/Guardian Contact Number	

2. Residential Address

Particulars	Details
Permanent Address	
Current Residential Address (if different)	

3. Educational Details

Particulars	Details
Name of Course	
Branch/Specialization	
Current Year/Semester	
Duration of Course	
Name of College/Institution	
University/Board	
College Address	
College Contact Number	
Admission Number/USN/Register Number	
Mode of Study (Regular/Distance)	

4. Family & Financial Details

Particulars	Details
Annual Family Income	
Income Certificate Number	
BPL Card Number	

Ration Card Type (BPL/APL)	
Number of Family Members	
Is the student receiving any other scholarship?	
If Yes, provide details	

5. Bank Account Details

Particulars	Details
Account Holder Name	
Bank Name	
Branch Name	
Account Number	
IFSC Code	
UPI ID (Optional)	

6. Academic Performance Details

Examination	Institution/Board	Year of Passing	Percentage / CGPA
SSLC / 10th			
PUC / 12th			
Diploma (if applicable)			
Previous Academic Year			
Current Academic Year			

7. Documents to be Attached

- Aadhaar Card
- Recent Passport Size Photograph
- SSLC / PUC / Previous Year Marks Card
- College ID Card
- Fee Receipt / Admission Receipt
- Income Certificate
- BPL / Ration Card Copy
- Bank Passbook Copy
- Bonafide Certificate from College
- Any Other Supporting Document

8. Declaration by Student

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I understand that if any information provided is found to be false or incorrect, the scholarship application may be rejected.

Place: _____

Date: _____

Signature of Student: _____

Name: _____

9. Recommendation / Verification by Association Representative

Particulars	Details
Name of Representative	
Designation	
Area/Branch	
Remarks	

Signature: _____

Date: _____

For Office Use Only

Particulars	Details
Application Number	
Date of Receipt	
Documents Verified	
Scholarship Approved	
Approved Amount	
Committee Remarks	

Authorized Signatory

K.K.J.N.S Association