

Appln. No:	
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## Application for Education Aid

Name of the student:		
Name of the Institution:		
Current academic year:	Class:	
Previous academic year result:	Pass / Fail Grade / Percentage:	
Parent / Guardian's name:		
Address:		
Phone: E	E-mail:	
Annual Fees for pursuing the pres	ent course: Rs.	
Details of scholarship / subsidy through the institution if any:		
Endorsem	ent by the Educational Institution	
Certified that the above informat	ion is correct as per the institution records.	
Remarks if any:		
	Head of the Institution – Signature & date	
Institution Seal	Name:	

Parent / Guardian's Name:	
Occupation:	
Occupation of spouse (if applicable):	
Number of children: Annual Famil	y Income: Rs
Member of the Parish (Mar Thoma Syrian C	hurch, Primrose Rd, Bangalore):
Have you received Education Aid from the F	Parish during the last three years:
If yes, details:	
	Father / Guardian – Signature & date.
	/ a Parish Member applicant is not a member of the Parish)
I certify that I know the applicant. Nature of a	acquaintance:
	Endorsed by – Signature & date
Name:	Prayer Group:
For Of	fice Use
Date of meeting of Education Aid sub-comm	nittee:
Decision:	
President	Parish Secretary
Ch. #: Dt.:	Bank:

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