

Scholarship Application Form:2019-20

Student Name	:	_____	STUDENT PHOTO
Date Of Birth	:	_____ AADHAAR No: _____	
Caste	:	_____ Religion : _____	
10 th Class	:	_____ Pass out Year: _____	
School Name	:	_____	
Village	:	_____ Mandal: _____ District: _____	
10 th Class GPA/ Marks	Telugu: _____ Hindi: _____ English: _____ Maths: _____ Science: _____ Social: _____		
		Over All GPA/Percentage	: _____
Present College (Inter 1 st Year)	:	_____ Place of Study	: _____
Father Name	:	_____ (Alive/Not Alive) Profession	: _____
Mother Name	:	_____ (Alive/Not Alive) Profession	: _____
Father AADHAAR	:	_____ Mother AADHAAR: _____ Annual Income: _____	
Phone No	:	_____ Email: _____	
Permanent Address	:	_____	
Physically Challenged /Orphan/ Any	:	_____	
		(Specify the details and submit the Proof)	

The particulars above are correct. If any statement is found to be untrue, I shall be liable for disciplinary action.

Student Signature

Parent/Guardian Signature

Document Required to Enclose:

- 1) Only ZPPH School, 10th Class Pass Certificate.
- 2) Present College Fees Receipt.
- 3) Income Proof Certificate.
- 4) Submit death certificate, if parents are not alive.

Principal Signature with Stamp

Note: ONLY INTER 1st YEAR STUDENTS ARE ELIGIBLE