

MATA CHARAN KAUR GROUP OF INSTITUTIONS

SCHOLARSHIP FORM

Application No. : _____

Affix your
Phtograph

To

The Principal/ Administration Head

Mata Charan Kaur Group of institutions

Partap Nagar, Amritsar

Dear Sir,

(To be filled in by the student)

1. Name of the candidate in full as recorded in the school leaving/10 pass/ SSC certificate, in block letters

Mr. /Mrs. /Ms. _____

(Name of the married female candidates, should be as appearing in marriage certificate)

2. Course name _____ Son/Daughter/Wife of _____

3. Father's Occupation _____ Religion: _____

4. Mother name _____ 5. Date of birth ___/___/___

6. Gender: Male/ Female _____ 7. Status: _____ 7. Category: _____

10. Permanent Address: _____

_____ City _____ State _____

11. Pin number: _____ 12. Telephone no: _____ 13. Blood Group: __

12. Mail id

- 12 Course . 1.Sanitar inspector Course 2. Fireman Fire &Safety Course 3. DMLT,4, X.Ray ,5 .OTA ,

Student Signature