



KAMMA SANGHAM

(Regd. No. 46/1968)
8-3-949/1/B, Ameerpet, Hyderabad - 500 073.
Phone : 040 - 23743465, 23746660

Year : 2019 - 20
Sl.No :
Photo

APPLICATION FOR SCHOLARSHIP

1. Name of the Candidate :
2. Surname :
3. Date of birth & age :
4. Caste :
5. Native place :
6. Course studying :
7. Name of the institute :
8. Tuition fee :
9. Marks obtained in previous examination :
10. Name of Entrance Exam and Rank Obtained during 2019 :
11. Father/mother/guardian's name :
12. Occupation of the father :
13. Occupation of the mother :
14. Property details of the family :
 - a) Fixed assets :
 - b) Movable property :
15. Annual income of the family :
16. Whether the candidate has received scholarship from any other source :
17. If yes, mention the name of the source and amount :
18. Whether the candidate has received scholarship from Kamma Sangham earlier :
19. If yes, mention the year & amount :
20. Permanent address :
21. Address for correspondence, Cell. No & Email ID :

Total marks	Marks obtained	Percentage

Yes		No	
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Yes		No	
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DECLARATION OF THE CANDIDATE

I,....., hereby declare that the information given above is correct and true to the best of my knowledge.

Signature of the Student

DECLARATION OF THE FATHER / MOTHER / GUARDIAN

I,....., father/mother/guardian of Mr./Ms.....

hereby declare that the information given above by him / her is correct and true to the best of my knowledge.

Signature of the
father / mother / guardian

DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION

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| 1. Bonafied / Study certificate (original) | 7. Tuition fee receipt (certified copy) |
| 2. Rank card (certified copy) | 8. Passport size photographs (2copies) |
| 3. Marks memo of the previous exams (certified copy) | 9. Pattadar pass book (certifiedcopy) |
| 4. Income certificate from MRO (original) | 10. Ration card (certified copy) |
| 5. Income certificate from employer (original) | 11. Aadhaar Card (certified copy) |
| 6. Seat allotment order (certified copy) | 12. Caste Proof Certificate (certified copy) |

Note : Incomplete applications will not be considered.

FOR OFFICE USE

1. Whether required documents are received :

Yes		No	
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2. Remarks :

Signature, Name and Designation
of the authorized staff member

SUB - COMMITTEE'S REMARKS