



R K M
Educational & Charitable Trust (Regd.)

R. K. M. EDUCATIONAL & CHARITABLE TRUST

PRERNA DHAM, SECTOR - 15, FARIDABAD, PHONE : 263249

APPLICATION FORM FOR ASSISTANCE FROM THE TRUST

1. Name of Applicant (Block Letters) _____
2. Father's Name & Address _____
3. School & College _____
- a) Class, Section & Roll No. of the Applicant
 Class _____ Section _____ Roll No. _____
Category! _____ *Mobileno.* _____
4. Date of Birth (In Christian era) _____
5. Occupation of Father (or Guardian, if father deceased) _____
6. Monthly Income of Father / Guardian _____
7. Monthly income of Mother (if earning) _____
8. Number of dependents (Non-earning)
(Note : Please attach income certificate) _____
9. Permanent Address of Father / Guardian _____

10. Percentage marks in the last two Annual Exams :- *(Please attach proof)*

Class / Examination	School / College	Year	Percentage Marks	Remarks
a) _____	_____	_____	_____	_____
b) _____	_____	_____	_____	_____

11. Merit / Distinction obtained (if any) Give details
 Class _____
 Position _____

12. Type of Assistance Required :
 - a) Stipend _____
 - b) Subsidy for books _____
 - c) Subsidy for Uniform _____
 - d) Subsidy for Examination Fee _____
13. Whether the applicant availed any assistance earlier from R.K.M. Trust by way of Stipend / Subsidy, if so, give details.
 Add any other information to justify the aid _____

Date _____ Signature of Applicant _____

Certified that (i) the information given above is correct.
 (ii) the applicant deserves consideration for the following reasons :

Date _____ Signature of the Head of the Institution
 Recommending Authority
 (Office Stamp)