

R. K. M. EDUCATIONAL & CHARITABLE TRUST

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

APP	PLICATION FORM FOR A	SSISTANCE F	ROM THE TRUST	
Name of Applicant (Block Letters)				
2. Father's Name & Address				
3. School & College				
a) Class, Section & Ro No. of the Applican		Section	Roll No	
Date of Birth (In Christian era)				<u> </u>
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 depender (Non-earning) (Note: Please attach inc				
Permanent Address of Father / Guardian				
10. Percentage marks in Class / Examination	the last two Annual Exams :- School / College	Year	Percentage Marks	Remarks
a) b)				
11. Merit / Distinction obtained (if any) Give details	Class			
12. Type of Assistance				
	s			
	nination Fee			
	ınt availed any assistance earlie			bsidy, if so, give detail
Add any other inform	mation to justify the aid			
Date			S	Signature of Applicant
	(i) the information given aboveii) the applicant deserves con		ollowing reasons :	
\ Date				
LIST of Enclo	LIST of Enclosury! -		Signature of the Head of the Institution	
1) Copy by I-Cord 2) Income Certificate 3) Opios by lest two Annual Exams (May, 20,20 & M M) Student's Bank details			Recommending Authority (Office Stamp)	
2) Income (Certificate	man a s		
M) Strutent 1	Bank details	[110]/21/20 \$ P	עייני	