



Government of Kerala Backward Classes Development Department

Application for OBC Postmatric Scholarship for CA,CMA,CS 2020-21

| | | | | | | | Affix a recent | |
|---|--|--|----------------------|----------------------------|--|--------------|--|--|
| 1. | Name of the candidate : | | | | | | stamp size photograph here duly signed | |
| 2. | Name of I | Name of Father/Mother/Guardian | | | | | | |
| 3. | Address | | | | | | | |
| | Perman | Permanent Address (With District & Pin code) | | | Address for Communication (With District & Pin code) | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Phone No | No with STD code : | | Mobile No : | | | | |
| | Email (if a | any): | | | | | | |
| 4. | Date of Bi | irth | 5. Religion | | | 6.caste | | |
| 7. | Gender | | 8. Annual Income | | | 9.Aadhaar No | | |
| 10. | . <u>Details of Present Institution and Course</u> | | | | | | | |
| | Name & f | full postal address of Ins | stitution with pin o | code | | | | |
| | | | | | Course : CA / CMA/ CS | | | |
| | | | | Stage : Intermediate/Final | | | | |
| | | | | | | | | |
| | Type of Institution : Govt/Aided/Self Financing | | | | | | | |
| | Email Website (| : if any) : | | | | | | |
| 11. Are you enjoying any other scholarship from any agency ? (If yes, Specify the details) | | | | | | | | |
| (| n yes, speer | | | | | | | |
| 10 П | | nt Details of the Applica | | | | | | |
| 12. D | | | | | | | | |
| | 1) | Name of the account h | older | | : | | | |
| | 2) | Account Number | | | : | | | |
| | 3) | Name of Bank | | | : | | | |
| | 4) | Branch | | | : | | | |
| | 5) | IFS code | | | : | | | |
| | 6) | Phone No. of the bank | | | : | | | |

Declaration of the Applicant

| Ι, | |
|--|---|
| declare that I am studying in | |
| institution) which is situated in Kerala; and the details fi | led in this application are true to the best of my knowledge and belief. If |
| any state, it is found that the information given by me is | false, the scholarship granted to me could be withdrawn and legal action |
| as deemed fit, may be taken against me. | |

Place :

Date :

Signature of the student

| * | Income Certificate | * | Bonafide Certificate |
|---|--|---|--|
| * | Caste Certificate | * | Hostel Inmate Certificate from competent authority (in the |
| * | CA- Acknowledgement letter for payment of fees/ | | case of hostellers) |
| | Registration form ICAI | * | Copy of Identity Card from the institution |
| * | CS- Acknowledgement letter for payment of fees/ | * | Copy of Aadhaar |
| | Registration form ICSI | | |
| * | CMA- Acknowledgement letter for payment of fees/ | | |
| | Registration form ICMAI | | |

For Office Use

OBC Postmatric Scholarship for CA/CMA/CS 2020-21 Government of Kerala

| Personal Details of the applicant | | | | | |
|-----------------------------------|---------------------|--------------------|--|--|--|
| Name of applicant | | | | | |
| Name of parent | | | | | |
| Date of birth | | | | | |
| Permanent address | | | | | |
| | | | | | |
| Religion & Caste | | | | | |
| <u>Course Details</u> | | | | | |
| Name of Course | CA/CMA/CS | Intermediate/Final | | | |
| Date of admission | Admn. No : | | | | |
| Duration in years | | | | | |
| Current year | | | | | |
| Type of course | Full time/Part time | | | | |
| Fee remitted | Rs. | | | | |

Name & signature of the applicant

Bonafide Certificate

- 1. Certified that the above furnished details are found true with reference to the certificates and
- records kept in this institute.
- 2. Certified that the student is not in receipt of scholarship from any other agencies.
- 3. Certified that the student attends classes regularly and his/her average monthly attendance is more than 80%.
- 4. Certified that the character & conduct of the student is satisfactory/good.

Place : Date :

Office seal

Name & Signature of the Head of Institution (Designation Seal)