

**OBC Postmatric Scholarship for CA/CMA/CS 2021-22**  
**Government of Kerala**

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

*Name & signature of the applicant*

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**Bonafide Certificate**

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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)