



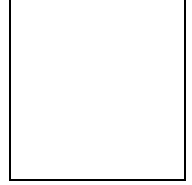
Shri Narayandada Kaldate Smruti Pratishthan

Ambajogai Dist: Beed.(M.S.)

नारायणदादा काळदाते उच्चशिक्षण सहाय्य निधी
(Refundable)

APPLICATION FORM

*INDIVIDUAL INFORMATION (PERSONAL MEMO)



1. Full Name:-
Surname Name Father/Mother Name
2. UID / EID NO.

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3. Present Address:- :.....
.....
Palace:-.....Tq:-.....Dist.....
4. Permanent Address
.....
5. Date of Birth:- / /
6. Age :-years
7. Place of Birth:-..... Tq:-..... Dist:-.....
8. Gender:- Male / Female
9. Mother Tongue -.....Nationality:-.....
10. Religion:-
11. Caste :- Sub caste:-.....
12. Category:- (SC, ST, VJ(A), NT(B), NT(C), NT(D), OBC, SBC, Open)
13. Whether person with Disabilities (pwd):- YES / NO
/Physically handicapped (ph)
If yes Nature of Disabilities.....
14. Whether belonging to Minority Community:- YES / NO
(Muslim, Jain, Shikh, Parsi, Buddhist, Christian) if yes specify community
15. Telephone No:-..... Mob:.....

Signature of Applicant

16. Education Qualification :-

Class	Year of passing	Percentage
S. S.C.		
H.S.C.		
Bachelor Degree		

***FAMILY INFORMATION (PARENTS/Guardian particulars)**



1. Name of Father:-.....

a) Occupation:-.....

b) Telephone No:-.....Mob:.....

Permanent Address:-.....

.....

2. Name of Mother:-.....

a) Occupation:-.....

b) Telephone No:-.....Mob:.....

Permanent Address:-.....

3. Name of Guardian /Parents:-.....

a) Occupation:-..... Mob.....

Permanent Address:-.....

4. Relation of Guardian with student:-.....

5. Annual Income of Parents:-.....

6. Sub lings :-

Brother 1. Occupation

2. Occupation

Sister 1. Occupation

2. Occupation

Place:-

Date:-

Signature of Parents/Guardian

