

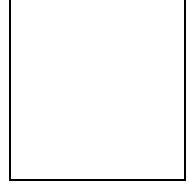


# Shri Narayandada Kaldate Smruti Pratishthan

Ambajogai Dist: Beed.

नारायणदादा काळदाते उच्चशिक्षण सहाय्य निधी  
(Refundable)

## FINANCIAL ASSISTANCE CONTINUATION FORM



1. Name :-.....  
Surname Name Fathers Name

2. Age :-

3. Date of Birth:-

4. Sex :- Male / Female

5. Postal Address:-.....  
.....

Palace:-.....Tq:-.....Dist.....

6. Cont. No.:-.....

7. Religion & Cast(If SC/ST/OBC) :-

8. Performance in last Educational Year:-

Class	Year	Percentage

9. Amount received Last Year:-

10. Name of the Institution:-.....

11. How did you utilized this financial help:-.....  
.....  
.....  
.....

12. Introducer:-

1).....  
.....

Address.....  
.....

Contact No:.....

2).....  
.....

Address.....  
.....

Contact No:.....

Signature of Applicant

Date:- / /

## Character Certificate

This is to certify that ..... was a bonafide student of this Institute studying in the Class..... for the Year ..... His moral Character is best of our knowledge. He is sincere in study and not involved in any misbehavior or social activity.

Principal / Head of Institute

.....  
(For Office Use Only)

Regd. No: -

Date: - / /

### **List of Enclosures:-**

- 1) Bonafied Certificate
- 2) Last year Mark Sheet / Certificate
- 3) Character Certificate from Head of Institution