



ST. FRANCIS DE SALES SCHOOL, GUWAHATI

Satgaon, Narengi, P.O.: Udyan Vihar, Guwahati – 781171

APPLICATION FORM FOR EMPLOYEE SUPPORT SCHOLARSHIP

PHOTO

Name of the Employee: _____

Employee Designation: _____ Name of the Student: _____

Date of Birth: Date: _____ Month: _____ Year: _____

Admission No.: _____ Class: _____ Section / Stream: _____ Roll No.: _____ Year: _____

Father's Name: _____

Occupation / Designation: _____

Mother's Name: _____

Occupation / Designation: _____

Applicant's Emergency Contact No.: _____ Applicant's WhatsApp No.: _____

Declaration

I, _____ S/O / D/O _____, hereby declare that the information given in the application form is true as per my knowledge and belief. I also undertake that if, at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false, the entire amount of the scholarship will be recovered from me, apart from such penal action as warranted by law.

Place:

Date:

Signature of the Applicant

Note: All fields are mandatory to be filled.

For Office Use Only

Received by:

Received on:

Date of meeting with Scholarship Committee:

Recommended by Scholarship Committee:

If no, reason behind rejection:

Scholarship Given: Yes / No

Total Admission Fees (in %):

Concession Given:

To be paid:

Quarterly Fee (in %):

Concession Given:

To be paid:

PRINCIPAL'S SIGNATURE