

MERIT SCHOLARSHIP FOR HIGHER EDUCATION OF GIRLS WITH VISUAL IMPAIRMENT

APPLICATION FORM

- 1) Name of the Student : _____
- 2) Name of the Father / Guardian : _____
- 3) Date of Birth : _____
- 4) Full Postal Address with Pincode : _____

Phone number : _____
- 5) Residual Vision, if any : _____
- 6) Age at the onset of blindness : _____
- 7) Name of the last annual examination passed : Plus 2 / I UG / II UG / III UG / I PG / II PG / B.Ed.
a) Percentage of marks obtained : _____
- 8) Name, address of the College/University
in which studying at present : _____

Phone number : _____
- 9) Name of the course being pursued
including subject/s offered : _____
- 10) Duration of the course : _____
- 11) Date of joining the course : _____

12) a) Are you a hosteller? : Yes No

b) If yes, name and full address of the hostel : _____

Phone number : _____

Certified that the facts given above are true to the best of my knowledge and belief.

Date :

Signature / thumb impression of the applicant

ATTESTED COPIES OF DOCUMENTS TO BE ATTACHED:

- Certificate for Date of Birth
- Copy of certificate / degree and mark sheets of the previous examinations
- Certificate of blindness issued by a Government Hospital
- Passport size Photograph
- Progress reports duly signed by the college/university authority.
- Income Certificate

RECOMMENDATION FROM THE COLLEGE / UNIVERSITY

I hereby recommend Miss

Roll No.

Course & year to UDIS Forum, Coimbatore, for availing

Dr. Marga Schulze Merit Scholarship through CBM. It is certified that she is a bonafide student of this college / university.

*Signature of the Head of the Institution
(with Seal)*