

# SUMAN RAMESH TULSIANI CHARITABLE TRUST

1103/04, Tulsiani Chambers, 212, Nariman Point, Mumbai - 400 021

Phones: 22851505 \* Fax: 22855856 \* Email Id: srtct@tulsiani.com

(Timings: From Monday to Friday: between 3:00 p.m. to 5:00 p.m.)

1. Name of the Student: (In Block Letters):

\_\_\_\_\_

1st Name	Father	Surname	Mother
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2. Date of Birth

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3. Place of Birth: \_\_\_\_\_

4. Aim in Life

5. Standard in which studying

Marks obtained in Last Exam

Name & address of the School / College / Institution

Patient's or Guardan's name & full address

Occupation \_\_\_\_\_ Annual Income of the family \_\_\_\_\_

Whether the applicant is employed or not? If so give details

Details of total fees paid, if any (Attach copy of fee receipt)

Whether holder of any Scholarship/Freeship

Whether getting any monetary help from any other sources

Whether getting any help from this Trust earlier

Give name & address of any responsible person whom the applicant is known

(Signature of the Applicant/Parent)

Note: No application will be considered if it contained incorrect statement

Xerox copy of this application will not be considered

## CERTIFICATE OF THE HEAD OF SCHOOL / COLLEGE / INSTITUTION

I hereby certify that \_\_\_\_\_ has been a bonafide student of this School / College/ Institution and is now in \_\_\_\_\_ Std. He/She did/does not receive any benefit from the School / College / Institution or from any other source and he/she happens to receive any such aid during the course of the year, the same shall be communicated to the Trust. The other statements made by the applicant above are true to the best of my knowledge and belief.

\* If Eligible, Kindly Issue Cheque Favouring \_\_\_\_\_

Date: \_\_\_\_\_

Signature & stamp of Head of Institution