Serial No. : .....

Date of Issue : .....

Date of Receipt: .....

Application Form For Educational Loan Scholarship

SHRI DIGAMBER JAIN JANGDA PORWAD SAHAYAK FUND

(Registered Under Public Charitable Trust Act)

Head Office
Shri Porwad Digamber Jain Dharmshala,
Roopchandsa Road, Sarafa Bazar
Khandwa-450 001
Tel.: 9826400987, 9407455566, 9425326261

To,
The President
Shri Digamber Jain Jangda Porwad Sahayak Fund
Khandwa - 450 001.

I request you to kindly consider my Application for Education Loan Scholarship from your Trust.

1) Applicant's Name with Father's Name .....
.....

2) Date of Birth ...../...../.....Age : .....

3) Address of Coresspondence .....
.....
.....
.....
.....

4) Native Place / Permanent Address .....
.....
.....
.....
.....

5) Family

1) Father's / Guardian's Name : .....

2) Father's Age : ..... Education : .....

Designation : ..... Occupation : .....

(If Retired / Deceased, give last Designation / Occupation) : .....

3) His present or last monthly Income (Basic Pay and Allowances) Rs. : .....

4) Mother's Education : ..... Mother's Occupation : .....
Mother's Salary / Income (If Any) : ..... Per Month

5) Profession of Parents : Father : .....
Mother : .....

6) Do you have your own Residential House : Yes / No

7) Candidate Academic Status :

Examination Passed	8th	10th	12th	Graduation	Post Graduation
Year of Passing					
Aggregate Percentage of Marks obtained					
Division					
Name of School / College / University					

True copies / xerox copies of the marks sheets and passing Certificates should be attached.

8) Subject in which you wish to specialise : .....

9) Full address of the Institution where you are : .....

a) Seeking Admission : .....

b) have been Admitted : .....

10) Final Degree you propose to aquire : .....

11) Are you getting scholarship / Aid : .....
from any other sources. If so .....
state amount per year Rs. .....

12) Amount receive from this Trust : .....
Per year Rs. .....

13) Total duration of the course for : .....
which the scholarsnip is desired

a) How much fees per year : .....

b) How much do you required : .....

14) Whether you have received any scholarship inprevious year from this Trust,? If so, State the Amount Rs. : .....Year : .....

Applicant No. : ..... Date : .....

15) Your Brother and Sisters :

Sr. No.	Brother / Sister's Name	Age	Education	Occupation & Salary

I, ... hereby declare that the above information is correct to the best of my knowledge and that I will accept the decision of the Shri Digamber Jain Jangda Porwad Sahayak Fund as final and binding. In case, I am selected I will abide by the terms and conditions of the loan scholarship scheme.

Date : ....
Signature of Applicant

NOTE : Incomplete Application will not be accepted. If the space provided is not sufficient seperate paper may br added

16) (to be signed by the Head of the Institution in which the) candidate is studying or has studied last. This is to certify that the candidate is studying or (has studying) in class : ..... during the Academic year : ....He bears good moral character. Fresh award / continuation of loan scholarship is recommend.

Name, Signature and .....
office stamp of the .....
Head of the Institution .....

17) (to be vouched by two person of known responsibility) belonging to applicant's Native place. We certify that the Applicant is known to us for the last : ..... years and to the best of our knowledge and belief the particulars stated by him / her is correct.

1) Name and Address of Certifier .....
Signature of Applicant

2) Name and Address of Certifier .....
Signature of Applicant

Bank Details :

Applicant ☐ Parents / Father / Mother ☐

Name of Account Holder :.....
Bank Name : .....
A/c No. : .....
IFSC Code : .....
Mobile No. : .....

School / College Bank Details :

Bank Name : .....
Bank Address : .....
A/c No. : .....
IFSC Code : .....
Mobile No. : ..... Phone : .....
Website : .....
Fee Details for Session : .....

Checklist :

1. A request letter is necessary for any kind of cooperation.
2. The request letter should be attested by the President of the society.
3. The last 6 month's bank statement of the parents has to be submitted along with the request letter.
4. Address proof with Photo Identity has to be provided.
5. Information about all the family members has to be given.
6. In case of education, fee details of the concerned institute have to be given.

Note: Grant is not given to anyone's personal A/c through Porwad Sahayak Fund.

- Only after all the above mentioned papers are available, it is to be sent to Porwad Sahayak Fund Postal Address.
- Incomplete requests will not be considered.
- Please send your request for cooperation as per these guidelines.

Postal Address
Porwad Sahayak Fund
C/o Nishith Jain
73, Roopchandsa Jain Marg, Sarafa
Khandwa, Dist : East Nimar, Madhya Pradesh
Pin Code : 450001

Contact :
Phone No. : +91-98264 00987
Whatsapp No. : +91-97397 44419, +91-94253 26261, +91-94245 55022
Email ID : davidjain58@gamil.com, porwadshayakfund@gmail.com,
shashijain243@gmail.com, ajayshahbediya@gmail.com

पोरवाड़ सहायक फण्ड

कार्यालय : श्री पोरवाड़ दिगम्बर जैन धर्मशाला, रूपचंदसा जैन मार्ग,
सराफा, खण्डवा 450001 (म.प्र.)

प्रतिज्ञा पत्र

नाम : ..... उम्र :..... वर्ष :.....

पिता का नाम : ..... निवासी : .....

पोस्टल पता : .....

.....

मैंने मेरे द्वारा सहायता आवेदन करने पर श्री दिगम्बर जांगड़ा पोरवाड़ सहायक फण्ड ने मुझे विद्या अर्जन / जीवन निर्वाह / इलाज हेतु मैंने मेरे द्वारा सहायता आवेदन करने पर श्री दिगम्बर जैन जांगड़ा पोरवाड़ सहायक फण्ड ने रुपया .....

अक्षरी .....रूपये की सहायता प्रदान की है।

मैं प्रतिज्ञा करता हूँ कि मैं संस्था द्वारा प्रदान की गई सहयोग राशि के लिए संस्था के प्रति अपनी कृतज्ञता ज्ञापित करता / करती हूँ कि मेरी आर्थिक सुदृढ़ता होने पर मैं स्वेच्छा से स्थिति अनुसार योग्य राशि संस्था को दान करूँगा / करुँगी, जिससे कि आज मुझे इस संस्था द्वारा जो आर्थिक सहयोग प्राप्त हो रहा है, वैसे ही उस समय जरुरतमंद व्यक्ति को इस संस्था द्वारा पुनः सहयोग किया जा सके।

हस्ताक्षर

दिनांक : .....

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