

SHREE HUMAD JAIN SAMAJ MUMBAI

REGD.OFF.: -188, Kalbadevi Road, 3rd Floor, Mumbai- 400002

E.MAIL ID: shreehumadjainsamaj1969@gmail.com

Web site : www.shreehumadjainsamaj.com

CORRES.OFF.: - NISHANT SUNDERLAL JAWASA

A/103, NEW ANKUR CHS LTD. 32 BHARDAWADI LANE,

OFF J.P. ROAD, ANDHERI(W) MUMBAI 400058.

Tel.: (R) 022 26771289 (M) 09869340668

APPLICATION FOR EDUCATIONAL AID

Date: _____

A)

1. Full Name of student: _____

2. Applicant Full Name(Father/Guardian): _____

3. Occupation: Business/Service/Retired

4. Annual Income: _____

5. Humad: Yes / No

If yes, please give the Name of Person who is Member of the Trust: _____

6. Residential Address : _____

7. Contact No. (R): _____ (M): _____

8. Reference in Mumbai:

Name: _____

Contact Details: (R): _____ (M): _____

Email ID: _____

B)

Please Fillup the Details Required for Information and

Further Proceeding:

1. Name of Institution(School/College): _____

2. Fees to be Paid/Already Paid (Monthly, Quarterly or Yearly): _____

3.Details of last Exam Passed (Plz.AttachPhotocopy ofCertificate Duly Attested by Head clerk/Authorize personof School/College.

Name of School /College: _____

Class	Name of School/Board/University	Year of Exam Passed	Percentage	Grade

4.If Paid,Please Enclose the Receipt (Xerox Copy): _____

5. Amount not Paid to the Institution: _____

(Please Attached Institute Fee Structure/Letter provided by the institute)

6.Please Mention the Assistance of Amount Required: _____

7.Mention the Details if Assistance Required for Books: _____

8.Have you applied for the Educational Help from other Trust: _____

If Yes:

Mention Name: _____

Address: _____

Amount Received by you or yet to be received: _____

Date: _____

(Signature)

Note:-

- a) If you are not a Member of Shree Humad Jain Samaj, You are requested to become a "Sarankshak" / "Sanmaniya" member.
 - b) Application must be Dully Filled & signed; if not Filled Fully it will not be considered.
 - c) Xerox Copy of Last Year's Mark Sheet of the Qualification Acquired.
 - d) Residential Proof.
 - e) Fee Payable for the Year Dully Attested by the Head clerk /Authorised Person of School/College.
 - f) We would prefer to Give Cheque in Favour of School/College.
 - g) If Fees Already paid than give the Name in whose Favour Cheque to be issued
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- h) Decision of Managing Committee of the Trust is final.

Recommendation by Convener of Educational Committee

Remark: _____

(Educational Committee Chairman)

For office use:

Application kept in Managing Committee Meeting held on: _____

Sanctioned/Rejected

Sr. No.	School/College Fees	Amount Applied	Amount Recommended by Educational Committee	Amount Sanction by Managing Committee

Secretary

President

Payment Detail:

Cheque. No. _____ Date: _____

Amount: _____ Bank Name: _____