

**VAIDYA PT. RAMNARAYAN SHARMA VIPRA HIGHER EDUCATION COLLABORATION SCHEME****(An Initiative of Vipra Foundation)****Keshar Kunj,19/1A, Roy Street, Kolkata-20**

Date:

1. Name of Applicant			Date of Birth
2. Father's / Husband's Name			DD MM YYYY
3. Permanent Address			Sub-Caste
	<i>Pin Code</i>		Annual Income of Parents
4. Contact No.	Phone: _____	Mobile: _____	
5. Native Place Address			Parents' Occupation
	<i>Pin Code</i>		<input type="checkbox"/> Service
	Phone: _____	Mobile: _____	<input type="checkbox"/> Business
6. Email ID			<input type="checkbox"/> Profession
7. Details of Maternal Side (Nanihal Side)	Name: _____		<input type="checkbox"/> Others (Specify)
	Relation: _____	Mobile: _____	
8. Present Qualification :			
9. Details of Higher Education intended for			Duration:
10. Amount of Assistance Required (upto 50,000/-)	<i>in words Rupees</i>		
11. Name of Institution			Contact No of Institution
Address of Institution			
12. Bank Account Details	<i>Name of the Bank & Branch</i>		
	<i>Type of Account</i>	<i>Account No.</i>	
13. Papers enclosed (All papers should be attested by Gazetted Officer) (✓)	<input type="checkbox"/> Student's Photo Identity: i) PAN Card, ii) Voter ID, iii) Passport, v) Driving License (Any 1)		
Proposer	<input type="checkbox"/> Address Proof i) Bank Pass Book, ii) Ration Card, iii) Tele./Elec. Bill, iv) Aadhar Card (Any 1)		
Name: _____	<input type="checkbox"/> Pledge by Applicant and Guardian on a stamp paper		
Mobile: _____	<input type="checkbox"/> Mark Sheet of Class X, XII and the last examination taken by the candidate .		
Signature: _____	<input type="checkbox"/> Present studies documents with admission proof		
	<input type="checkbox"/> Fee & expenses details (Approved by Institution)		
	<input type="checkbox"/> Proof of Parental Income (I.T. Return acknowledgement)		
	<input type="checkbox"/> Certificate as proof of Date of Birth		

I confirm having read the Rules & Regulations of Vaidya Pt. Ramnarayan Sharma Vipra Higher Education Collaboration Scheme and shall abide by the same and I declare that the above information submitted by me is true.

Signature of the Candidate**FOR OFFICE USE ONLY**

We have verified all attached details and recommend for Financial Assistance	Assistance Sanctioned ₹ _____ In Words Rupees _____)
Zonal Authority	Scheme Committee Member