



ORGANISATION  
CHARITABLE TRUST  
REGD. NO. 170/2022

Supporting for Transformation & Empowering the Marginalized

**Devaki Ammal Memorial Scholarship**  
**APPLICATION FORM**

Photo

**PERSONAL INFORMATION**

Student's Full Name :

Date of Birth :  /  /

Phone No:

Address:

Email Id:

Gender :  Male  Female

Adhaar No:

**ACADEMIC INFORMATION:**

Name of Institution:

Course of Study:

Current Semester/Year:  CGPA/Percentage:

**FAMILY INFORMATION**

Father's Name & Mother's Name

Family Income (per annum): ₹

Number of Dependents:

**ELIGIBILITY CRITERIA:**

Are you a single-parent child?:  Yes / No

Have you experienced the sudden death of any parent due to fire accident, vehicle accident, disease, or natural disaster?:  
Yes/No

**SUPPORTING DOCUMENTS:**

1. Aadhaar Card Copy: Attached/Not Attached
2. Income Certificate: Attached/Not Attached
3. Academic Transcripts: Attached/Not Attached
4. Passport-Size Photo: Attached/Not Attached

**DECLARATION:**

I hereby declare that the information provided is true and accurate to the best of my knowledge. I understand that any false information may lead to the rejection of my application.

Date:

Signature: \_\_\_\_\_

Note: kindly attach written note (A4 sheet) of your family background and upload or attach with the application and send.