Date:

Information and Documents Collection Form for 'Brighter Futures' Project

|  |  |
| --- | --- |
| School/COLLEGE Contact Information | Name:   1. Address:   Name and Designation  of Contact Person:   1. Contact no: 2. Email Address: |
| PERSONAL INFORMATION OF STUDENT | Name:  Age:  Gender:  Studying in Class:  Address:  Contact no: |
| PERSONAL INFORMATION OF Guardian or family member OF THE STUDENT | Name:  Age:  Relation with the Student:  Address: |
| NUMBER OF FAMILY MEMBER LIVING IN THE HOUSE HOLD, MENTION NAME AND RELATION AND CURRENT ANNUAL INCOME | No. of Members:  Name, Relation and Annual Income (If, any):  1.  2.  3.  4. |
| Cost of Education | Amount in Rs. Per Annum  Tuition Fees:  Term Fees:  Any other : |
| Financial Assistance Inquiry: Are you receiving any support from other organizations or government agencies? If yes, please provide details below | Yes ⬜ No ⬜  Name of Organisation:  Amount received  During the  Financial Year in Rs. : |
| LIST OF STUDENT DOCUMENTS | Latest Marks Sheet/Result ⬜ Birth Certificate ⬜ Aadhaar card ⬜ Ration card ⬜  Latest attendance record ⬜  (✓if these documents are attached) |

|  |  |
| --- | --- |
| LIST OF DOCUMENTS OF Guardian or family member OF THE STUDENT | Aadhaar card ⬜ Pan card ⬜  Ration card ⬜ Salary slip (if,any) ⬜  Electricity Bill ⬜  (✓if these documents are attached) |
| SALARY SLIP OF Guardian or family member OF THE STUDENT | Compulsory to attach |
| INFORMATION OF Deceased Parent | Name of deceased Parent:  Death Certificate ⬜ Aadhaar card ⬜ Pan card ⬜  (✓if these documents are attached) |

Declaration by Dependent of Guardian/Family member

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that the information provided on this form is true and accurate to the best of my knowledge. I understand that any false information provided may result in the rejection of my application.

Signature of Guardian/Family member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

For office use only

Verification by School/College :-

Name of person Verification the above information and documents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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