

**APPLICATION FORM FOR SCHOLARSHIP
FROM
BENGAL MASONIC ASSOCIATION INTER SERVICES CHARITABLE TRUST/ADJUTANT
GENERAL'S WELFARE FUNDS**

(To be submitted to AG's Branch/Ceremonial & Welfare Directorate / CW-2,-4(c), Room No.279 South Block, Army Headquarters, DHQ PO New Delhi-110 011)

PART I

1.	Number, Rank & Name		
2.	Regiment / Corps		
3.	Service period		From To
4.	Reasons for release / discharge.		
5.	If dead, cause of death (Indicate whether died in action or while serving in forward area / peace area or after release / discharge from service).		
6.	Details of family members Name	Age	Relationship with head of the family
7	indicate your amount of monthly pension/ disability pension / family pension & Children education Allowance per child.		
8.	If you are employed give your place of duty and salary per month		
9.	Education State of Children Name of the Child	Age	Class Name of the School/College
10.	Whether any child is in receipt of scholarship. If so give the amount of scholarship per year & source.		
11.	Name of the child for whom scholarship has been applied for now.		
12.	Whether the child has been granted fee concession/fee remission of free education by		

	the school/college. Give amount of that per month.		

(2)

13.	Give your completes postal address.		
14.	Certificate Certified that the above particulars are correct to the best of my knowledge and any false statement made by me will render me ineligible for the grant of scholarship.		
			(Signature of the applicant)
Date			

PART II

(To be completed by the School / College)

1.	Name of the student		
2.	Class in which studying		
3.	Academic session		From To
4.	Name & complete postal address of the School / College.		
5.	Indicate whether branch of Syndicate Bank exists in your station. If not, then nearest bank in your area.		
6.	Day Scholar or Boarder.		
7.	Annual boarding, lodging and tuitional expenditure (Specify under each head)		
8.	Last year's percentage of marks obtained by the student (Photo copy attached)		