

श्री कुलस्वामिनी शिरकाई देवी सेवा मंडळ, मुंबई

संस्था नोंदणी अधिनियम १८६०, क्र. म.रा.मुंबई-१/१९९७ जीबीबीएसडी/एफ-१९८८ (मुंबई)

Shri Dattaram S.Rajeshirke, C1/12,Dyneshwar Nagar CHS,Rafi Ahmed Kidwai Marg,Swree,Wadala,
Mumbai 400031, Phone 022 65264919

SHAIKSHANIK SAHAYATA PARATPHED YOJANA

PHOTO

1. Name of the Course and Institution : _____

2. Shaikshanik Sahayata applied
for the educational year : _____

3. Amount required /
fees of the applied for the year : _____

4. Name of the Applicant : _____

5. Date of Birth of the applicant and place : _____

6. Birth marks of the applicant if any : _____

7. Name of Parents
(a) Father : _____

(b) Mother : _____

(c) Name of Origin
Village : _____

8. Address: _____

Tel No. _____

Mobile: _____

Email: _____

9. Name of father / spouse : _____

10. Occupation and permanent address of father / spouse : _____

Tel No. _____

Mobile: _____

Email: _____

11. Office Address : _____

Tel No. _____ Mobile: _____

Email: _____

12. Place and date of birth of father / spouse: _____

13. Does the applicant suffer from any _____
contagious disease, heart, kidney,
liver or any other element,
if yes give details. _____

14. Has the applicant been convicted _____
Or arrested for any criminal offense,
if yes give details. _____

15. Total number of family members residing with the applicants with their respective age, business and monthly income.

Name	Relation with applicant	Age	Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Name and address of brothers/sisters, their age, occupation and individual annual income.

17. Total annual family income for last three years.

	Year	Income
1)	_____	_____
2)	_____	_____
3)	_____	_____

18. Class and year in which the Applicant is studying / has passed : _____

19. Particulars of last qualifying examination passed along with details such as name of the examination, year of passing, subjects, percentage of marks, university (please enclose certified copied)

Examination	Year	Mark	Class
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. Subject / Specialisation : _____

21. Full Name and address of the University in which study would be undertaken and proof of admission (e.g.. Fees paid receipts / bonafide certificate):

22. The name and full address to whom cheque may be sent: _____

DECLARATION

I hereby declare that the statement and information made/given in the application above are true to the best of my knowledge. I also declare that in case I am selected for Shaikshanik Sahayata applied for, I shall devote my full time to course of study. I have read the terms and conditions of the loan scholarship scheme and undertaking require to be given and agreed to strictly abide by the same .

Date:

Signature of the applicant

NOTE: In the case of the applicant is minor the declaration and the application form should be made by parents/guardian of the person for whom Shaikshanik Sahayata is applied for.

TERMS AND CONDITION

A: General terms and conditions.

1. Applicant must be the life member of the association. (Shri Kulaswamini Shirkaidevi Seva Mandal, Mumbai)
If applicant is minor then either of his parents must be life member of the association.
2. Applicant or his father shall fetch at least 2 members per year to the association.
3. The applicant (if minor then his parents) shall deliver active participation in the activities of the association.
4. The applicant (if minor then his parents) shall pay ₹ 100/- to the association for the processing fees of the application and the same is non-refundable.
5. The applicant shall bear all the postal charges for the correspondence with the association.

B: Terms as to the repayment of the Shaikshanik Sahayata

1. The repayment (paratphed) of the said Shaikshanik Sahayata will commence from the expiry of the 6 months course for which the applicant has taken the admission or on applicant joining the services, whichever is earlier.
2. The total amount to be repaid to the association shall from principal amount advanced by the association being the Shaikshanik Sahayata along with 2% donation per year on such amount from the date of disbursement till its repayment.
3. The aggregate amount as stated in the clause 2 above shall be paid in not more than 10 equal monthly instalments of 10% each of the aggregate amount.

C: Terms to eligibility

1. On the date of application the applicant should not be more than 25 years of age.
2. The applicant should have cleared the HSC examination conducted by the State Board.
3. The Shaikshanik Sahayata shall be provided only for the purpose of professional courses recognized by the University.
4. The annual family income of the applicant shall not be more than ₹ 3,00,000/- per annum.
5. The applicant shall procure two sureties assuring the repayment of the Shaikshanik Sahayata provided to the applicant.

D: Documents required.

1. Proof of residence
2. Proof of income
3. Proof of membership
4. Proof of residence (Sureties)
5. Proof of income (Sureties)
6. Two passport size photographs (Applicant / Sureties)

I have read over and understood and accepted the terms and conditions as stated hereinabove and I agree to abide by the same.

(Applicant)

DECLARATION OF THE SURETIES

(to be executed on ₹ 200/- non judicial stamp paper and required to be registered notary)

We the undersigned certify that we know Shri. _____ and we are aware that he has applied for the Shaikshanik Sahayata paratphed yojana to Shree Kulaswamini Shirkaidevi Seva Mandal, Mumbai and on representations made by said Shri. _____ vide his application and undertaking tendered by him, the said Shree Kulaswamini Shirkaidevi Seva Mandal, Mumbai has agreed to provide the Shaikshanik Sahayata on the terms and conditions of the said scheme which we are fully aware.

We the undersigned certify that the above facts are true and bind on overselves as sureties to make good all claims made by Shree Kulaswamini Shirkaidevi Seva Mandal, Mumbai for repayment of the Shaikshanik Sahayata provided by the said Mandal. We further jointly and severally guarantee the repayment of the Shaikshanik Sahayata to Shree Kulaswamini Shirkaidevi Seva Mandal, Mumbai as and when due and the said Shree Kulaswamini Shirkaidevi Seva Mandal, Mumbai will be entitled to recover the said amount Shaikshanik Sahayata from either of us without reference to or prior recovery from the applicant.

Signed at Mumbai on this _____ day of _____

Surety No.1

Name: _____

Address: _____

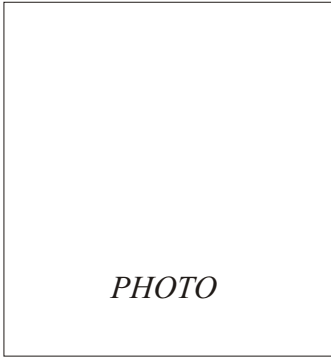
Occupation: _____

Address of Occupation: _____

Monthly salary: _____

(Enclose salary slips)

Signature: _____



Surety No.2

Name: _____

Address: _____

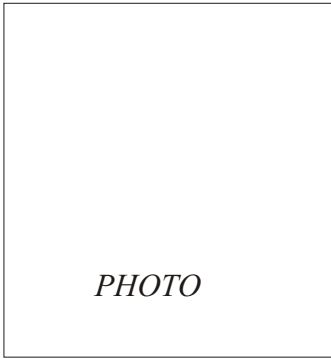
Occupation: _____

Address of Occupation: _____

Monthly salary: _____

(Enclose salary slips)

Signature: _____



RECOMMENDATION OF THE FORWARDING AUTHORITY

Principal of Institution

Shri. _____ has been granted admission to the
Institution/University for _____ course and the annual fees for the
same course is ₹ _____ (Notice of college mentioning various
fees may please be enclosed)

Place

Date

Registrar/Principal

Sign and seal

UNDERTAKING OF THE APPLICANT

(to be executed on ₹ 100/- non judicial stamp paper and required to be registered notary)

I, _____, aged _____, residing at _____
_____, do hereby declare an solemn affirmation as under.

1. I say that I am desirous of procuring the admission for the _____ in
_____ University
(hereinafter referred to as the said course for the sake of brevity).

2. I say and declare that I have all the necessary qualifications and eligibility for undertaking the said course.

3. I say the fees structure as laid down by the institution for the said course is as follow

Year	Fees	Payable on or before
1.		
2.		
3.		
4.		

4. I say that as the gross annual income of my entire family is not more than ₹ 3,00,000/-, I have unable to arrange for the financial resources to procure the admission for the said course and hence i have applied to Shree Kulaswamini Shirkaidevi Seva Mandal, Mumbai (hereinafter referred to as the said course for the sake of brevity) requesting them to give me the benefits of the Shaikshanik Sahayata paratphed yojana as laid down by the said association.

5. I say that i have gone through the terms and conditions of the said Shaikshanik Sahayata paratphed yojana especially regarding the repayment of the said Shaikshanik Sahayataand i hereby agree and undertake to adhere with the same and I am fully aware that any default made in repayment shall fetch legal consequences.

6. I further agree and assure the said association of my contentions good performance and I have full knowledge tha the said association shall have every right to recall the said Shaikshanik Sahayata as per terms and conditions mentioned in the loan application.

Solemnly affirmed at _____)
On this _____)

Applicant

If the applicant is minor the undertaking is required to be given by the parents/gaurdian of the applicant.