



R K M  
Educational & Charitable Trust (Page)

## R. K. M. EDUCATIONAL & CHARITABLE TRUST

PRERNA DHAM, SECTOR - 15, FARIDABAD, PHONE : 263249

### APPLICATION FORM FOR ASSISTANCE FROM THE TRUST

1. Name of Applicant (Block Letters) Mobile No. -
2. Father's Name & Address \_\_\_\_\_
3. School & College \_\_\_\_\_
- a) Class, Section & Roll No. of the Applicant Class \_\_\_\_\_ Section \_\_\_\_\_ Roll No. \_\_\_\_\_
4. Date of Birth (In Christian era) \_\_\_\_\_
5. Occupation of Father (or Guardian, if father deceased) \_\_\_\_\_
6. Monthly Income of Father / Guardian \_\_\_\_\_
7. Monthly income of Mother (if earning) \_\_\_\_\_
8. Number of dependents (Non-earning) \_\_\_\_\_  
(Note : Please attach income certificate)
9. Permanent Address of Father / Guardian \_\_\_\_\_

#### 10. Percentage marks in the last two Annual Exams :-

Class / Examination	School / College	Year	Percentage Marks	Remarks
a) _____	_____	_____	_____	_____
b) _____	_____	_____	_____	_____
11. Merit / Distinction obtained (if any)	Class	_____	_____	_____
Give details	Position	_____	_____	_____

#### 12. Type of Assistance Required :

- a) Stipend \_\_\_\_\_
- b) Subsidy for books \_\_\_\_\_
- c) Subsidy for Uniform \_\_\_\_\_
- d) Subsidy for Examination Fee \_\_\_\_\_

#### 13. Whether the applicant availed any assistance earlier from R.K.M. Trust by way of Stipend / Subsidy, if so, give details.

Add any other information to justify the aid \_\_\_\_\_

Date \_\_\_\_\_

Signature of Applicant

Certified that (i) the information given above is correct.

(ii) the applicant deserves consideration for the following reasons :

Date \_\_\_\_\_

Signature of the Head of the Institution  
Recommending Authority  
(Office Stamp)