Date:

Information and Documents Collection Form for 'Brighter Futures' Project

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| School/COLLEGE Contact Information | Name: 1. Address:

Name and Designationof 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 AnnumTuition 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) |

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| 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) |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_