

Date:

INFORMATION AND DOCUMENTS COLLECTION FORM FOR 'BRIGHTER FUTURES' PROJECT

SCHOOL/COLLEGE CONTACT INFORMATION	Name: Address: Name and Designation of Contact Person: Contact no: 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 <input type="checkbox"/> No <input type="checkbox"/> Name of Organisation: Amount received During the Financial Year in Rs. :
LIST OF STUDENT DOCUMENTS	Latest Marks Sheet/Result <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Aadhaar card <input type="checkbox"/> Ration card <input type="checkbox"/> Latest attendance record <input type="checkbox"/> (✓ if these documents are attached)

LIST OF DOCUMENTS OF GUARDIAN OR FAMILY MEMBER OF THE STUDENT	Aadhaar card <input type="checkbox"/> Pan card <input type="checkbox"/> Ration card <input type="checkbox"/> Salary slip (if,any) <input type="checkbox"/> Electricity Bill <input type="checkbox"/> (✓ 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 <input type="checkbox"/> Aadhaar card <input type="checkbox"/> Pan card <input type="checkbox"/> (✓ 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: \_\_\_\_\_