Date:

## INFORMATION AND DOCUMENTS COLLECTION FORM FOR 'BRIGHTER FUTURES' PROJECT

NAME and Designation of Contact Person: Contact no: Email Address:  PERSONAL INFORMATION OF STUDENT  PERSONAL INFORMATION OF STUDENT  PERSONAL INFORMATION OF STUDENT  Name: Age: Gender: Studying in Class: Address: Contact no:  Name: Age: Relation with the Student: Address: Relation with the Student: Address: Number of Family Member Living in No. of Members: Number of Family Member Living in No. of Members: Number of Family Member Living in No. of Members: Name, Relation and Annual Income (if, any): 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	SCHOOL/COLLEGE CONTACT	Name:
of Contact Person: Contact no: Fmail Address:  PERSONAL INFORMATION OF STUDENT  PERSONAL INFORMATION OF GUARDIAN OR FAMILY MEMBER OF THE STUDENT  NUMBER OF FAMILY MEMBER LIVING IN THE HOUSE HOLD, MENTION NAME AND RELATION AND CURRENT ANNUAL INCOME  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  LIST OF STUDENT DOCUMENTS  of Contact Person: Contact no:  Name: Age: Age: Age: Age: Age: Age: Age: Ag	INFORMATION	Address:
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Aadhaar card Ration card Latest attendance record		Financial Year in Rs. :
Latest attendance record	LIST OF STUDENT DOCUMENTS	Latest Marks Sheet/Result  Birth Certificate
		Aadhaar card 🗌 Ration card 🗍
(✓ if these documents are attached)		Latest attendance record
		(✓ if these documents are attached)

LIST OF DOCUMENTS OF GUARDIAN OR	Aadhaar card Pan card
FAMILY MEMBER OF THE STUDENT	Ration card Salary slip (if,any)
	Electricity Bill
	(✓ 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 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:	