

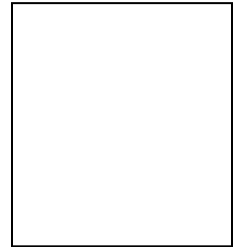
KSHATRIYA SANSAD

An Apex Body for Welfare of Rajputs

Jammu, Jammu and Kashmir, 180001

Contact no. +91 9419189855 Email id: Kshatriyasansad@gmail.com

APPLICATION FORM (FOR ECONOMICALLY WEAKER SECTION STUDENTS)



Course Applied _____

Session _____

1. Name :
2. Father's Name :
3. Mother's Name :
4. Date of Birth :
5. Address :
6. Category :
7. Phone/Mobile :
8. E-Mail :

9. Educational Qualification:

Examination	Board/University	Passing year	Percentage
10 th			
12 th			
Graduation			
Others			

Annual Income:

Any other Information:

Signature of Student

UNDERTAKING

I _____ Son/Daughter _____ Age _____ R/O _____
do hereby solemnly affirms & declare that:

1. I'm thankful to Kshatriya Sansad for providing me an opportunity to study _____ course free of cost/50% discounted fees.
2. I'm aware of eligibility criteria & fulfill the same.
3. I understand that application submitted after last date will not be entertained.
4. I know that if large/more no of application are received for the program, it shall be decided on merit basis of qualifying examination.
5. I also understand that after selection, I will have to remit University/Regulatory bodies charges only.
6. I also understand that Hostel & Transport fees is payable as per College Guidelines.
7. I will abide by all rules and regulations of the College/Institution allotted to me violation of same will attract disciplinary action.
8. I assure that I will not indulge in any activity bringing bad name to Kshatriya Sansad/College.

Finally I thank Kshatriya Sansad once again for this opportunity.

Signature of Parent

Signature of Student

For Office Use

The application of _____ for _____ course Scrutinized and found

Correct / Incorrect the candidate allotted / not allotted _____ College.

Authorized Signatory

Kshatriya Sansad

Authorized Signatory

Kshatriya Sansad