

# Acharya Shri Mahapragya Insitute of Excellence

Mahapragya Nagar, Asind, Bhilwara (Rajasthan)  
Phone 01480 221101,2,3 Email: asmie2012@gmail.com

## APPLICATION FORM

### MERIT-CUM-MEANS /ASMIEASSISTANCE SHECME

- NOTE : (i) Application form should be filled in neatly and legibly in BLOCK CAPITAL LETTERS in all respects by the candidate in his/her handwriting.
- (ii) Applications incomplete in any manner or application not accompanied by requisite supporting documents, i.e., proof of Annual Income of the applicant and his/her spouse/parent(s)/guardian(s), Caste Certificate, and/or Medical Certificate wherever applicable, shall summarily be rejected.

COURSE OF STUDY FOR WHICH MERIT-CUM-MEANS ASSISTANCE IS APPLIED FOR		
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#### The President

#### Acharya Shri Mahapragya Institute of Excellence

(Managed by-Sunderbai Bherulal Sancheti education and Welfare Society)  
Bhilwara

Sir,

I wish to apply for the financial assistance for pursuing studies for \_\_\_\_\_ Course under the "Merit-cum-Means ASMIE Assistance" SCHEME.

2. \*I am a *bona fide* registered student of the Institute and my Registration No. is \_\_\_\_\_.

\*I am enclosing/have submitted my application for registration as a student of \_\_\_\_\_  
(Date)

3. I have passed \_\_\_\_\_ examination and My Percentage was \_\_\_\_\_.

4. I am enclosing **attested copies of following certificate(s)/document(s)** [Please tick ] —

(i)  Mark-sheet in proof of having passed 10<sup>th</sup> and 12<sup>th</sup> Examination/

(ii)  ;Affidavit in support of Financial Status is Poor/Recommendation letter

(iii)  Income Certificate issued by the employer in proof of my spouse's / father's / mother's / guardian's total monthly and yearly income;

(iv)  Income-tax Return Documents for the immediate preceding year in respect of myself and/or my parents/guardian/spouse, if and where applicable;

(v)  Caste Certificate issued by the appropriate authority if the applicant belongs to SC/ST category; and

(vi)  Medical Certificate issued by the Surgeon / Medical Officer of a Government Hospital if the applicant belongs to a Physically Handicapped category.

Yours faithfully,

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Name : \_\_\_\_\_

\*Delete whichever is not applicable.

**PARTICULARS TO BE FILLED IN BY THE CANDIDATE  
IN HIS / HER OWN HANDWRITING**

1. Name of applicant in full Mr./Ms. : \_\_\_\_\_  
(in *CAPITAL* letters)
2. Father's/Husband's Name : \_\_\_\_\_
3. Student Registration No. \_\_\_\_\_ 3A. Courses in which admission taken \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_ (Age) \_\_\_\_\_ (Years)
5. Sex : (Male / Female) : \_\_\_\_\_ 6. Marital Status : \_\_\_\_\_
7. Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN : \_\_\_\_\_  
Tel. No. (with STD Code) : \_\_\_\_\_ Mobile : \_\_\_\_\_
8. (a) Occupational Address (Parents) \_\_\_\_\_  
(with Designation) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN : \_\_\_\_\_  
Tel. No. (with STD Code) : \_\_\_\_\_
- (b) Total monthly income of Parents \_\_\_\_\_
- (c) Total yearly income (Rs.)\*\* : \_\_\_\_\_
9. (a) Are you dependent on your parents\*/guardian\*/spouse\* ? (Yes / No) : \_\_\_\_\_
- (b) If answer to (a) above is yes, please indicate whether partially / wholly dependent : \_\_\_\_\_
10. (a) Are you living with your parents\*/guardian\*/spouse\* ? (Yes / No) : \_\_\_\_\_
- (b) Your relationship with the guardian : \_\_\_\_\_
11. (a) Name and address of the parents\*/guardian\*/spouse\* : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN : \_\_\_\_\_  
Tel. No. (with STD Code) : \_\_\_\_\_ Mobile : \_\_\_\_\_
- (b) Occupation of the parents\*/guardian\*/spouse\* (with Designation and Telephone No.), if applicable, and complete occupational address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN : \_\_\_\_\_  
Tel. No. (with STD Code) : \_\_\_\_\_ Extn. No. (if any) : \_\_\_\_\_
- (c) **Monthly total income** of the parents\*/guardian\*/spouse\* (Rs.)\*\* : \_\_\_\_\_
- (d) **Yearly total income** of the parents\*/guardian\*/spouse\* (Rs.)\*\* : \_\_\_\_\_
12. Total combined yearly income from all sources (if you are an earning member and/or partially dependent on your parents\*/guardian\*/spouse\*)
 

(i) Your yearly income	Rs.
(ii) Your parent's*/guardian's*/spouse's* yearly income	Rs.
(iii) Yearly income of the family from other source(s), if any	Rs.
<b>TOTAL</b>	<b>Rs.</b>

\*Delete whichever is not applicable.

\*\*Enclose original certificate(s) issued by the employer in support of the monthly and yearly income(s)/Pension Certificate.

: 2 :

13. (a) Are you a member of the Scheduled Caste/Tribe ? (Yes/No) : \_\_\_\_\_  
 (b) If yes, state the name of the Caste/Tribe : \_\_\_\_\_  
 (Enclose an attested copy of the caste certificate issued by the appropriate authority in the prescribed proforma appended to this application.)
14. (a) Do you belong to Physically Handicapped category ? (Yes/No) : \_\_\_\_\_  
 (b) If the answer to (a) above is yes, state the nature and degree of disability and enclose an attested copy of a Medical Certificate issued by the Surgeon/Medical Officer of the Government Hospital / Medical Board in the prescribed form : \_\_\_\_\_  
 \_\_\_\_\_

## 15. Qualifications —

- (a) Educational : \_\_\_\_\_ (b) Professional : \_\_\_\_\_  
 (c) Particulars of examinations passed commencing from S.S.L.C./Senior Secondary examination onwards:

Name of the Examination	Year of Passing the Exam.	Roll No.	Board/University/Institution	Rank/Div.	Percentage of Marks Obtained

16. (a) Are you receiving any other Scholarship/Financial Assistance for pursuing 'Company Secretaryship Course' ? (Yes/No) : \_\_\_\_\_  
 (b) If yes, please indicate the amount of Scholarship/Financial Assistance: Rs. \_\_\_\_\_  $\frac{\text{Per month}}{\text{Per annum}}$   
 (c) Name and Address of the organisation which has awarded you Scholarship/Financial Assistance : \_\_\_\_\_  
 \_\_\_\_\_ PIN : \_\_\_\_\_

I hereby certify and declare that all statements made in this application and documents furnished herewith are true, complete and correct to the best of my knowledge and belief and that no information having a bearing on selection for award of financial assistance has been concealed, distorted or withheld.

If any of the information given hereinabove is found to be incorrect or wrong or suppressed, I undertake that I shall be liable to remit back to the Institute the entire sum of amount received towards financial assistance and/or to disciplinary action as the Institute may deem fit. Further, I agree to abide by the rules and regulations framed by the Institute from time to time for administration of the financial assistance scheme.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

(Signature of Applicant)

Name : \_\_\_\_\_

**COUNTER SIGNATURE OF :**

Member of Parliament/  
 Member of Legislative Assembly/  
 Chairman Nagar Palika/Parshad/Sarpanch/  
 Magistrate/Munshiff/Notary Public/  
 Gazetted Officer/Employer Organisation

\_\_\_\_\_  
 Signature with date, Designation  
 and Office Seal

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **DECLARATION OF INCOME**

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**NOTE : THIS 'DECLARATION OF INCOME' MUST BE SUPPORTED BY ATTESTED COPY(IES) OF SALARY CERTIFICATE(S)/PENSION CERTIFICATE/INCOME-TAX RETURN DOCUMENTS AND/OR IN LIEU THEREOF AN AFFIDAVIT ON A STAMP PAPER OF Rs.10, DULY ATESTED BY A NOTARY PUBLIC/MAGISTRATE AS OTHERWISE THE APPLICATION FOR AWARD OF MERIT-CUM-MEANS ASSISTANCE WILL BE LIABLE TO BE REJECTED.**

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I, \_\_\_\_\_ son/daughter of Shri \_\_\_\_\_,

resident of \_\_\_\_\_,

Town/City \_\_\_\_\_ State \_\_\_\_\_ PIN : \_\_\_\_\_,

solemnly declare that —

- (i) my *monthly* total *income* is Rs. \_\_\_\_\_ (Salary\*/Income\* Certificate enclosed.)
- (ii) the *monthly* total *income* of my parents (both father & mother)\*/guardian\*/spouse\* is Rs. \_\_\_\_\_ (Salary\*/Income\*/Pension\* Certificate enclosed).
- (iii) the *yearly* combined income of my parents (both father & mother)\*/guardian\*/spouse\* and myself from all sources is Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_).
- (iv) the declaration given above is correct to the best of my knowledge and belief.

Signature of Applicant : \_\_\_\_\_

Place : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_

Student Regn. No. (if any) : \_\_\_\_\_

### **COUNTER SIGNATURE OF :**

Member of Parliament/  
Member of Legislative Assembly/  
Chairman Nagar Palika/Parshad/Sarpanch/  
Magistrate/Munshiff/Notary Public/  
Gazetted Officer/Employer Organisation

\_\_\_\_\_  
Signature with date, Designation  
and Office Seal

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. (with STD Code) \_\_\_\_\_

Mobile No. \_\_\_\_\_

## **CASTE CERTIFICATE**

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**NOTE : THE CASTE CERTIFICATE IS REQUIRED TO BE SUBMITTED BY THE SCHEDULED CASTE/TRIBE CANDIDATE ALONG WITH HIS/HER APPLICATION AS OTHERWISE THE APPLICATION FOR AWARD OF MERIT-CUM-MEANS ASSISTANCE WILL BE LIABLE TO BE REJECTED.**

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This is to certify that Mr./Miss/Mrs. \_\_\_\_\_  
son/daughter of \_\_\_\_\_ resident of \_\_\_\_\_  
\_\_\_\_\_ belongs to \_\_\_\_\_  
Caste/Tribe which is recognised as a Scheduled Caste/Tribe.

2. Mr./Miss/Mrs. \_\_\_\_\_ and/or his/her family ordinarily  
resides in village/town \_\_\_\_\_ of \_\_\_\_\_  
District/Taluk of the State/Union Territory of \_\_\_\_\_.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
(Signature with  
\*Designation and Office Seal)

**\*Officers competent to issue Scheduled Caste/Tribe Certificate —**

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/First Class Stipendiary Magistrate/City Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of First Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar
- (iv) Sub-divisional Officer of the area where the candidate and/or his/her family normally resides.

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Check List- to be completed by principal/Head of the Institute

Name of the Student	
Father's Name	
Address alongwith Contact No.	
Students belongs to General/SC/ST/OBC/General	
Male/Female	
Mode of Vehicle student used for coming at College Own Vehicle (write Name of Vehicle), Public Mode/ASMIE Van/Bus/Any other Mode	
Details of Examination Passed from (Name of the School)	
Percentage in 10 <sup>th</sup> Class	
Percentage in 12 <sup>th</sup> Class	
Percentage in (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> yr)	
Any other information about Student (extra curriculum activates)	
Family background	
Parents Income Source	
Brief about his/her Parents/Guardian --Source of Income -Are they having, House/IMP/Car/Agriculture Land/Any other Assets, Social Status	
Student Back ground	
Behaviour of Student	
Recommendation from previous Institute/dignified member	
Other Recommendation	

*Recommendation by*

*Principal of Institute*

*Management of ASMIE*