ST. JOSEPH'S EVENING COLLEGE (AUTONOMOUS) #35, MUSEUM ROAD, BENGALURU - 560025

SCHOLARSHIP FORM 2019-20

Name (block letters)								
Name of the Company (If emp	loyed):,			Sala	ıry per n	nonth:		
Father's Name		Occupation. Occupation.						
Mother's Name								
Religion		Paris	sh (if Cat	holic)	• • • • • • • • • • • • • • • • • • • •			
No. of member in the family includin	g parents	No of w	orking	Total far	mily inco	me for month		
Reasons for seeking Concession	on							
Marks Obtained (Subjects)	Semester I		Semester II		Semester III		Semester IV	
	Marks Attendance		Marks Attendance		Marks Attendance		Marks Attendance	
Percentage								
(Kindly come along with your handbody Did you try to apply for any Scholars			vate – Yes	/ No :				
Date:					Si	gnature of t	he Cano	didate
		For Me	ntor Use	.				
I,		the n	nentor o	f the above				
Father/ Mother /Guardian as p He /She has been regular to Hence, I would like to recomm	class and his	s / her acad	lemic pe	rformance a				
Documents to be attached (On (1) Marks Cards (2) Minorit any)	-		Caste C	Certificate (3) Certi	ficates of A	Achieve	ments (If
Date:					Si	gnature of t	he Men	itor
		For Of	fice Use					
Scholarship granted Rs								
Date:						Princi	inal / D	irector