

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

SCHOLARSHIP FORM 2022-23

Name (block letters)Class Reg.No.....

Father's Name..... Occupation.....

Mother's Name..... Occupation.....

Religion.....Parish (if Catholic).....

No. of member in the family including parents.....No of working..... Total family income for month

Reasons for seeking Concession.....

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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 handbook and College ID)
Did you try to apply for any Scholarship (Either Government or Private – Yes / No

Date : Signature of the Candidate

For Mentor Use

I, _____ the mentor of the above mentioned student have visited his/her house / met the Father/ Mother /Guardian as part of the mentoring process. I know the condition of his / her family personally. He /She has been regular to class and his / her academic performance and character is found satisfactory. Hence, I would like to recommend him/ her for availing fee concession.

Documents verified

(1) Old Hand Book

(2) Minority Certificate

(3) Church Parish Book

Date : Signature of the Mentor

For Office Use

Concession granted Rs.

Fees to be Paid Rs.

Date : Director