APPLICATION FORM FOR M.P. SCHOLARSHIP (FOR HON'BLE M.P.DR. KAKOLI GHOSH DASTIDAR) LOK SABHA - BARASAT

Го, THE HON'BLE M.P. DR. KAKOLI GHOSH DASTIDAR LOK SABHA, BARASAT ADDRESS: - DIGBERIA, BADU ROAD, MADHYAMGRAM, BARASAT, NORTH 24 PARGANAS, WEST BENGAL, PHONE-0332526-0404 EMAIL-kakolighosh.dastidar@gmail.com Personal Details . Name 2. Guardian's Name 3. Date of Birth: 4. Religion. 5. Gender: ______ 6. Caste..... **Contact Details** 7. Permanent Address: 3. District). Lok Sabha 10. Mobile No ______ 11. Email-_____ **Academic Details** % OF GRADE % OF MARKS UNIVERSITY/COLLEGE SEMESTER HONOURS/ GENERAL **ATTENDANCE Current Course Details** 2. Course Name: 3. Name of the Institution:

1. Address of the Institution:

CRITERIA

- . 80% marks to be secured in each semester. If the student fails to maintain the percentage in any of the semester then the student will be immediately excluded from the scholarship.
- . Students are required to maintain 80% of attendance in colleges. If the student fails to maintain the percentage in any of the semester in any condition then the student will be immediately excluded from the scholarship.
- . Students yearly family income must have to remain 60,000 or below.

Students fulfilling all this conditions are eligible for the MP Scholarship.

COUNTER SINGED BY THE HEAD OF THE INSTITUTE WITH SEAL

SUPPORTING DOCUMENT HARD COPY

- 1. MARK SHEET OF SECONDARY & HIGHER SCONDARY EXAMINATION OR ITS EQUIVALENT (BOTH SIDES)
- 2. MARK SHEET OF LAST UNIVERSITY /COLLEGE EXAMINATION
- 3. UNIVERSITY/ COLLEGE ADMISSION RECEIPT
- 4. INCOME CERTIFICATE OF FAMILY (INCOME CERTIFICATE ATTESTED BY LOCAL ELECTED REPRESENTATIVE OF PEOPLE).
- 5. DOMICILIARY CERTIFICATE AS AADHAAR ID/VOTER ID/ RATION CARD/CERTIFIED ISSUED BY CONCERNED AUTHORITY
- 6. SELF DECLARATION CERTIFICATE.

SELF DECLARATION

I am	SON / DAUGHTER OF	
	(CURRENT ADDRESS IS	
	DISTRICT	AND
PIN CODE	DO HERE DECLARE THAT I HAVE BEEN REA	ADING IN CLASS
	CURRENT ACADEMIC SESSION IS 2023-202	4 AT
	DECLARE THAT I WILL MA	KE ALL THE AMOUNT
OF SCHOLARSHIP TO	MY EDUCATIONAL PURPOSE ONLY.	
	SIGNATURE	OF THE APPLICANT
	THE HEAD OF THE INSTITUTE WITH SEAL	