

**THE KANGRA COOPERATIVE BANK LTD.**  
**C-29 COMMUNITY CENTRE JANAKPURI NEW DELHI-110058**  
**APPLICATION FOR SCHOLARSHIP FOR THE SESSION 2024-25**

1. Name of the member : -----
2. Father's Name : -----
3. Membership A/c No.& Branch : -----
4. Local Address : -----  
-----
5. Permanent Address: : -----  
-----
6. Office Address : -----  
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7. Name of Student : -----
8. Relation with the member : -----
9. Class Passed 8<sup>th</sup> / 9<sup>th</sup> / 10<sup>th</sup> / 11<sup>th</sup> : -----
10. Year of passing the above class : -----

11. Marks obtained in the above class :

TOTAL MARKS	MARKS OBTAINED	%age of passing

12. Class in which presently studying : -----
13. Name of the school in which at present : -----  
Studying -----

Signature of student: ----- Signature of member:-----

**NOTE: THE FOLLOWING DOCUMENTS HAVE ALSO TO BE ATTACHED SEPARATELY**

1. A photocopy of the certificate and marks sheet both duly attested by the Principal of the school or class 1 Gazette Officer.
2. Character Certificate and confirmation that the student is still pursuing his/her studies in the School in Class-----as a regular student from the Principal of School where the student is studying at present.

(FOR OFFICE USE ONLY)

Certified that particulars filled in above from sr.no.1.to 5. are correct as per our records

Signature of Br Head/DM

Approved scholarship for Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ )

Authorised Signatory