## **ZMART FOUNDATION**



F9/87, Haritha Nagar, Chevarambalam P.O., Calicut - 673017 email : zmartfoundation@gmail.com

## **KAARUNYATHINTE DEEPTHI**

## **ZWEEET SCHOLARSHIP**

|   |  | Applicant's Information |            |                                     |                |  |
|---|--|-------------------------|------------|-------------------------------------|----------------|--|
| Paste Photo here  |  | Name of Student         |            |                                     |                |  |
|   |  | Address                 |            |                                     |                |  |
|   |  |                         |            |                                     |                |  |
|   |  |                         |            |                                     |                |  |
| Date of Birth   |  |                         | Religion   |                                     |                |  |
|   |  | Category                |            |                                     |                |  |
| Name of course with Branch &  |  |                         | year       |                                     |                |  |
|   |  |                         |            |                                     |                |  |
|   |  |                         |            |                                     |                |  |
| Phone No. & Email:  |  |                         |            |                                     |                |  |
| Family Information  |  |                         |            |                                     |                |  |
| Father Name   |  |                         |            |                                     | Occupation     |  |
|   |  |                         |            |                                     | Mob No.        |  |
| Mother Name   |  |                         |            |                                     | Occupation     |  |
|   |  |                         |            |                                     | Mob No.        |  |
| No. of Siblings   |  |                         | Annual inc |                                     | come of Family |  |
|   |  |                         |            |                                     |                |  |
| Bank Account Details  |  |                         |            |                                     |                |  |
|   |  |                         |            |                                     |                |  |
| References (Give two persons who are not family members of the beneficiary) |  |                         |            |                                     |                |  |
| (1) Name and Address with Phone No.   |  |                         |            | (2) Name and Address with Phone No. |                |  |
|   |  |                         |            |                                     |                |  |
|   |  |                         |            |                                     |                |  |
|   |  |                         |            |                                     |                |  |
|   |  |                         |            |                                     |                |  |
|   |  |                         |            |                                     |                |  |

| Institution Information                                    |
|--|
| Name of Institution with address                           |
| Account details of institution                             |
| Name & Signature of recommending faculty                   |
| Name & Signature of the head of the institution            |
| Please attach the following documents                      |
| Mark list of qualifying examination for the current course |
| 2. Mark list of previous course finished by the candidate  |
| 3. Mark list of all the semesters (if any)                 |