

# SUBHASH RUNWAL EDUCATION FOUNDATION

Office Add:- Runwal & Omkar Esquare, 5th floor, Off Eastern Express Highway, Opp. Sion Chunabhathi Signal Junction,  
Sion (East), Mumbai 400022. Phone No. 61133000 Fax: 022- 24093749. Website: [www.runwal.com](http://www.runwal.com)

(HIGHER STUDY FINANCIAL ASSISTANCE APPLICATION FORM)  
(YEAR 2016 -2017)

To,  
Trustees  
**Subhash Runwal Education Foundation,  
Mumbai.**

RECENT  
COLOR  
PHOTO

Dear Sir / Madam,

I hereby apply for financial assistance for Higher Study. I am furnishing the following details which I solemnly declare to be true and correct.

1. **Full Name** \_\_\_\_\_ **Gender** \_\_\_\_\_

2. **Address:**

A) **Permanent** : \_\_\_\_\_  
\_\_\_\_\_ Pin.Code: \_\_\_\_\_

B) **Present** : \_\_\_\_\_  
\_\_\_\_\_ Pin.Code: \_\_\_\_\_

**Phone Nos.** (R) \_\_\_\_\_ **Mobile:** \_\_\_\_\_

(O) \_\_\_\_\_ **Email** \_\_\_\_\_

3. **Birth Date (Day, Month & Year)** \_\_\_\_\_

4. **Home town (Native)** \_\_\_\_\_ **District & State** \_\_\_\_\_

5. **Educational carrier till now (From Std. 10<sup>th</sup> onwards: Year wise):**

Examination Passed	Month & year Of Passing	Result-Marks		Class	Secured Marks %	Ranks, Prizes etc. if any
		Secured	Out of			
(S.S.C.)						

(Certified photocopies of mark sheets of all the examinations since 10<sup>th</sup> Std. onwards till recent date are to be submitted along with the application form. Please mention all studies and exams appeared recently like CET etc. attach the results of the same. (Use separate paper if space is insufficient).

6. **Other qualification and practical training details, if any :** \_\_\_\_\_

7. Name of the College/institution/University in which admission is secured with all relevant details

- (A) College : \_\_\_\_\_  
(B) University : \_\_\_\_\_  
(C) Town/City: \_\_\_\_\_  
(D) State/ Country: \_\_\_\_\_

\*(Copy of the letter of ADMISSION & copy of (FOR FOREIGN STUDY: I-20 form-TOFEL-GRE-IELTS) Equivalent supporting evidence is enclosed herewith).

8. Proposed course of study to be done: \_\_\_\_\_  
9. Duration of Full Course (Months/Years): \_\_\_\_\_  
10. Degree / Diploma / will be completed in the Month/Year: - \_\_\_\_\_  
11. Proposed date of Starting Study/ course: - \_\_\_\_\_  
Or leaving India for foreign Study: - \_\_\_\_\_  
12. Name, Address & Residential Phone Nos & Mob.nos. of Two Persons who are in position to testify from their personal knowledge (Reference)  
A) \_\_\_\_\_ B) \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
Mobile No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

13. Job experience of the Student, if any  
14. Present occupation and Annual Income of Student, If any  
15. Amount of financial assistance required with details as :( Yearly Study Expenses details)  
(i) Basic yearly College Fees Rs. \_\_\_\_\_  
(ii) Stay Expenses + Food Exps.Rs. \_\_\_\_\_  
(iii) Other Expenses of \_\_\_\_\_ Rs. \_\_\_\_\_  
Total Study Expenses (i+ii+iii) Rs. \_\_\_\_\_

16. Details of Application made to Other Trusts/ Institutions/ Donors for Financial Assistance / Scholarship etc and details of amount promised / sanctioned / paid by them.

Name of Institutions/ Donors	Amount Asked for	Amount Promised	OR	Amount Received	Remarks

(Enclosed Xerox copies of replies / letters)

(Use Separate paper if space is insufficient)

17. Full Name, Address & Tel. No. of Father / Guardian: - \_\_\_\_\_  
18. Business and profession of Father / Guardian: - \_\_\_\_\_  
19. (i) Total members of Family \_\_\_\_\_ Earning members of the Family are \_\_\_\_\_ Nos.  
(ii) Business / Job income details of earning members. :- \_\_\_\_\_  
20. Total Income of Family (Per Annum):- \_\_\_\_\_  
21. Capacity of the parent / Guardian / Family earning members to Supplement the Expenses of Study (Yearly) :- \_\_\_\_\_  
22. Details of other sources of income/ Funds / assistances/ arrangement possible for study expenses :- \_\_\_\_\_  
23. Other relevant matters if any: \_\_\_\_\_

I have read this application form for financial assistance and I agree to abide by all terms and conditions of **SUBHASH RUNWAL EDUCATION FOUNDATION**. I agree to furnish further information as & when called for and also appear for an interview as & when required/called upon.

Yours truly

Date: \_\_\_\_\_

(Full Signature) \_\_\_\_\_

Place: \_\_\_\_\_

(Full Name) \_\_\_\_\_

**Notes: The photocopies of following papers are enclosed.**

(1) Ration Card (2) Pan Card of Father/Guardian/earning members/and Self (3) Electricity Bill of Residence Last 2 Months (4) Maintenance/Rent Receipt of House/Society (5) Telephone Bills Last 2 Months (6) Latest paid Fee receipt. (7) Income Tax returns of last 2 years together with Computation of Income, Capital Account and Balance Sheet of the earning members of the family or if not paying income tax, then last one year's copy of bank accounts statement and Capital Account of earning members of the Family.

**TERMS AND CONDITIONS**  
**FOR HIGHER STUDY FINANCIAL ASSISTANCE**

**This form is to be read carefully and required details are to be filled in by the Applicant himself /herself.**

1. The applicant should fulfill a minimum standard of Graduation or equivalent of any recognized University/ Institution.
2. The applicant **must** have secured 60% or more marks in all the Board/ College/ University Examinations commencing from standard 10<sup>th</sup> onwards till recent last examination/ Special test etc.
3. Application should be made in prescribed form of **Subhash Runwal Education Foundation** only (No Xerox). Application Form available on our website.
4. Trustees may sanction such amount as they may deem fit on the basis of **merits & relevant** details and circumstances of individual case.
5. Applicant must arrange & give details and assurance that he / she has arranged / obtained at least 50% of the required TOTAL STUDY EXPENSES from other sources.
6. Applicant must have secured admission in a recognized college / institution for proposed studies. Certified Xerox Copy of such admission must be provided to Trust with the Application Form.
7. The applicant shall produce a certificate of good health and fitness from recognized medical practitioner / family doctor.
8. The applicant who has received financial assistance will have to compulsorily submit a certified **copy of the progress report**, marks etc. every six months till completion of course / study.
9. The applicant must inform the change in his/her COURSE, COLLEGE, ADDRESS, CONTACT, MOBILE NOS, E-mail, etc. immediately, as and when it occurs / happens.
10. After completion of study he / she must furnish all relevant details of job / income / employment, address, contact nos., E-mail etc to our office.
11. Trustees reserve rights to decide (a) Quantum and Terms of financial assistance amount or reject without giving reasons (b) Changes in rules & regulation in this regard, as & when necessary. Same shall be binding to all applicants (c) Date for acceptance of Applications, Interview calls etc.
12. Trustees reserve right to reject the application if not fully filled in correctly & properly with all required enclosures.
13. Submit complete application form duly signed along with forms A & B.
14. Last date of receiving application is 31<sup>st</sup> **AUGUST 2016**.
15. Applications are to be received by the Trust from **JULY, 2016** onwards. If he / she is from Mumbai, has to come for the interview at Trust's Mumbai office and for other places as decided by the Trustees. Time Schedule shall be decided / changed by the Trustees as and when necessary.

**FORM A**

**(To be filled by applicant's father / guardian)**

I, \_\_\_\_\_  
Father/ Guardian of \_\_\_\_\_

hereby give consent to my son/ daughter / ward to join \_\_\_\_\_ course of study.

The details furnished in the form above are correct. I also agree that all the terms and conditions are binding to my family members.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Place: \_\_\_\_\_

Full Name \_\_\_\_\_

Occupation \_\_\_\_\_

Present Address \_\_\_\_\_

Office/Business Address \_\_\_\_\_

Tel No. (O) \_\_\_\_\_ Mobile: \_\_\_\_\_

(R) \_\_\_\_\_ E-mail : \_\_\_\_\_

**FORM B**

**(To be filled by Trustees/ President of Local body / Community /to whom the applicant belongs)**

I know Mr. / Ms.: \_\_\_\_\_ Since Last \_\_\_\_\_  
years and his / her family for \_\_\_\_\_ years. He / She bears good moral character and deserves financial assistance for higher study / study abroad.

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature \_\_\_\_\_

(With Rubber Stamp)

Full Name \_\_\_\_\_ Post in Local body/ Community \_\_\_\_\_

Occupation/ Profession \_\_\_\_\_

Present Address \_\_\_\_\_

\_\_\_\_\_ Pin Code: \_\_\_\_\_

Tel No. (O) \_\_\_\_\_ Mobile : \_\_\_\_\_

(R) \_\_\_\_\_ E-mail : \_\_\_\_\_