ASGHAR ALI MEMORIAL SCHOLARSHIP
for Nursing/ Paramedical Courses by Taraqqi Foundation

1. Student name:
2. Mother's Name:
3. Father's/ Husband's Name & **Phone Number**:
4. Date of Birth:
5. Present Address:
6. Permanent Address:
7. Father's/ Husband's Occupation:
8. Father's/ Husband's income (per year):
9. Qualifications:

S No	Year of passing	Board	% marks obtained	Remarks, if any
1.	High School=			
2.	Intermediate=			
3.	Other=			

10. College/ Course Fee per year- **Attach the proof**:
11. Why do you need this scholarship? (Please write in detail)

12. How will you contribute to the mission of Taraqqi Foundation / Society in return? (Application will be considered only with detailed answer)

13. Name of the College/ Institute with Address, where you are studying/planning to study:

14. How much financial help is needed?

15. College/ Institute/ University account details for payment by cheque/ DD:
    Bank Name:

    Account number:

    IFSC Code:

Verification from Taraqqi Foundation Members (**NOT for applicant**):

S No	Member name	Signature	Any comment
1.			
2.			

Approval by Scholarship Sponsor, with any comment:

Name and signature:

<u>Compulsory attachments/requirements:</u>

1. Student Photograph, and Phone number of Father/ Husband (if married)
2. Student ID card
3. High School and intermediate marksheets (self-attested)
4. Proof of college/Institute fee
5. Detailed answer of point no. 11 & 12