

APPLICATION FORM FOR SCHOLARSHIP (For Hon'ble Chief Minister Relief Fund)

To,
The Hon'ble Chief Minister,
Government of WestBengal
Nabanna, 325, Sarat Chatterjee Road,
Howrah-711102

Personal Information

Name of Applicant:

Father's Name:

Date of Birth: Gender:

Religion: Category:

Contact Information

Permanent Address :

District: State: Pin: Mob No:

Email ID:

Educational Qualification

Degree/ Certificate Institute Board/University
Year of Passing

Duration of the Course: Session: Name of the

Institute:

Address of the Institute:

Aggregate %

Current Course Details

Course Name:

I hereby declare that all the details furnished above are true to the best of my knowledge.

Date: _____ *Place:* _____ *Signature*

of the Applicant