

SHRI HANMANTRAO AND SMT PARVATIBAI CHARITABLE TRUST (R) DHARWAD

Address: c/o Dr. A.H.Mahindrakar,
"Samvruta" 2nd Cross, Sadhankeri, Dharwad -580008 Karnataka.

Mob: +919449889137(WhatsApp Message Only) | email: info@mahindrakar-trust.org

www.mahindrakar-trust.org



TERMS AND CONDITIONS

- All fields must be filled.
- The form must be completed in CAPITALS.
- The scholarship is open only to Bhavasar Kshatriya Samaj students from PUC to degree, diploma or certificate courses.
- The application must be recommended by the chairman/secretary of the local Bhavasar Kshatriya Samaj.
- The signature of the Principal of the college/institute along with the date is required.
- Photocopies of grade cards and relevant certificates are required.
- Deadline for the application is November 30th in order to receive payment in January
- The decision of the trustees in allotting scholarships will be final and binding.
- Please make sure your bank account is active or else you will not receive the scholarship amount.
- The students must reside in one of the following districts: Bagalkot, Ballari, Bidar, Gulbarga, Bijapur, Chitradurga, Kalaburgi, Koppal, Raichur, Shivamogga, Vijayapura, Yadgiri, Raichur, Belgavi, Koppal, Gadag, Dharwad, Uttara Kannad, Haveri or Davangere.

Gadag, Dharwad, Uttara Kannad, Haveri or Davangere.																
Please affix a recent photo and sign across the photo.									local B	ture ar havsar Sama tary/cl	Khsatı aj	riya				
PERSONAL DETA STUDENT NAME	AILS															
MOBILE NUMBER																
BIRTH DATE																
EMAIL:																

PRE	SEN	ΓAD	DRES	SS OI	THI	E STU	JDEN	lΤ											
PIN	COD	E																	
PAR	RENT	/ GU	ARDI	AN'S	OCC	CUPA	TION	V:											
IN	CON	IE A	AND	ED	UC	ATI	ON	DE'	ΓΑΙ	LS									
ANI	NUAI	. INC	OME	E IN F	RUPE	ES:													
Plea	ise att	ach p	proof o	of inc	ome														
DID	YOU	J REC	CEIVI	E SCI	HOLA	ARSE	IIP IN	I THI	E PAS	ST?	YES	□ N	Ο						
A D I	7 A NIX	ZOE	VOL	п пг	TAT	IXTE A	aribi) ENIT	T 3/ (TTT	INIC	CCII	OI AI	DCIII	D ED	α	TIDI		
	E ANY NMAI													КЗПІ	PFK	OW S	эпкі		
YES		1O 🗆																	
NAI	ме о	F PR	EVIO	US E	XAN	IINA	TION	I PAS	SED	:									
PER	CEN'	TAG	F.																
CUI	RREN	T ED	UCA	TION	N BEI	NG I	'URS	UED	:										
1																			

BANK DETAILS

Karnataka, India

Please make sure your bank account is active or else you will not receive the scholarship amount

BANK NAME & BRANCH						, ,
ACCOUNT NUMBER:				1	,	1
IFSC CODE:						
Note: Please attach Xerox copy of bank passbook.						
Declaration: I hereby declare that the details furnish knowledge and belief and I undertake to inform you any of the above information is found to be false or aware that I may be excluded from the scholarship s	of any changes intrue or misle	s therein, im ading or mi	ımediatel srepreser	y. In case	e	
☐ I agree to the above conditions.						
						_
APPLICANTS SIGNATURE AND DATE		AL'S SIGNATURE of the Principolitical.			along wit	h the
						
Mailing Instructions: Please mail the completed a	oplication to th	e below ad	dress			
H & P Mahindrakar Charitable Trust,						
c/o Dr. A.H.Mahindrakar, "SAMVRUTA", Sadankeri 2 nd cross,						
Dharwad – 580008,						