

SRI GNANAMBIGA EDUCATIONAL TRUST

(Reg No: R/K/B - 4/4/2023)

4/990, Periyanahalli(Vill), Periyampatti (PO), Karimangalam(TK), Dharmapuri(Dt), 635205. Contact No: 9360820890, 9976843233. E-Mail: srignanambigaedutrust.dpi@gmail.com

FREE HIGHER EDUCATION APPLICATION FORM

I. PERSONAL INFORMATION:			
Name	Sex: Male/ Female		
Name of Father	Civil Status: Single/ Married	Photo	
Name of Mother			
Contact Number			
E-Mail ID			
Address			
II. MOSTLY PREFERENCE CANDIDATE	ELIGIBILITY:		
(Have to attac	ch certificates)		
Single parent/ without parents/S.T/ S.C/ MBC/OC/	BC/ Tribal Students/7.5 % Scholarship stude	ents	
Are you a recipient of any scholarship? Yes/ No			
If yes, write the name of the scholarship program an	ıd total amount per year		
III. STUDENT QUALIFICATION INFORM	ATION:		
Qualification:	When was the last school year attended:		
And in which institution(in name of school)			

Interested Higher studies:

Agriculture/ Paramedical/ Arts & Science/ Engineering/ Diploma in Allied Health Science

if supported by the parer	its, Number of Sibil	ngs below 18 years old	
f married and supported	by the spouse, nur	mber of children below 18 years old	l
		Occupation	Estimated Month Income
If supported by parents	Father		
	Mother		
		Total Monthly Family Income	
If supported by spouse			
If self supporting			
 Transfer certification Community certification Aadhar card Passport size phonon 	ficate		
Signature of Parents/Gua		Sigr	nature of Applicant
Date:			

year preferred college						
department of					. Acadei	mio
This confirms that	. Is	granted	FREE	higher	education	ir

Date: Approved by:

Place: The Founder,

SGE Trust.