	Sandesh Parivartan Welfare Foundation Z-326/3, Okhla Main Road, Jamia Nagar, New Delhi – 110025 Ph: 9899300556 Email: sandeshparivartan@gmail.com **Scholarship Form** **Academic Year 2026-27**	Please Affix (do not staple) One Passport Size Photograph Here

STATE OF DOMICILE:_____

APPLICANT DETAILS: (Please leave one box blank after each complete word)

Full Name (in Block Letters) **Date of Birth: - ……..**

Father Name																				

Permanent Address:_____

_____State:_____PIN Code:_____

Mobile:_____E-mail:_____

Mailing Address:_____

_____State:_____PIN Code: _____

WhatsApp No.:_____

EDUCATIONAL RECORDS:

Exams Passed	**Year**	**Institute**	**Subject offered**	**Marks**	**Total %**
Now Studying	**Course / Branch & Duration of Course**	**Year of Study**	**Name and address of College/ University**		**Date of Admission**

INFORMATIONS ABOUT THE APPLICANT'S FATHER OR GUARDIAN:

Name:_____Relation:_____Age:_____

Highest Education Obtained:_____Mobile No. _____

Profession / Job;_____)__Annual Family Income Rs.:_____

Number of Childers:_____The applicant is the___1st,___2nd ,___3rd or___th child.

(1) Give justification for your deservingness: (Attach on a separate sheet)
(2) Attach a copy of your Aadhaar Card and Fee Receipts etc.,

DECLARATION BY THE APPLICANT:

I_____hereby solemnly declare that the information given in this application form is correct and true to the best of my knowledge and belief, that I will abide by all the terms and conditions of this Scholarship Program and that I will accept their decision as binding and final.

Date:_____

_____
Signature of the Parent

*For Office Use:*_____

Verified By: Signature: