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Dr Rukma Prasad Foundation



Spreading the fragrance of care

Application form for aid

I. Personal Information

1. Name of the applicant:
2. Date of birth:
3. Full residential address:
.....
4. Phone number(s):
5. Email address:
6. Education of applicant:
7. Number of members in the family:
8. Marital status:
9. If unmarried, names and occupations of parents:
.....
10. Names of earning members in the family:

11. If married,

i. Spouse name and occupation:

ii. Names of children, age, occupation:

.....

.....

12. Annual income from all sources in family:
(Refer REGULATIONS below)

13. Type of aid required:

14. Please explain in detail your circumstances for requiring this aid:

If aid required for education:

Educational information

15. Previous exam passed:

16. Percentage marks secured in previous qualifying exam:

17. Class/Course that you are enrolled in or to be enrolled in:

18. Full name and address of the School/College/University that you are enrolled in or to be enrolled in:

.....

.....

If aid required for medical purpose:

19. Type of illness:
20. Type of treatment and estimated cost:
21. Name of the treating doctor with full name and address of the hospital:
22. Have you already applied for aid from another organisation?
- Yes/No
23. If yes, please provide the details of the organisation/s and the amount sanctioned.
24. Monetary support already received from relatives, friends, well-wishers.

II. Regulations

Documents to be attached (Documents 1-4 mandatory for all). Select appropriate category for other specific documents.

1. Full length photo of the applicant
2. Identity proof
3. Address proof
4. A proof of income of the earning member: **i.** salaried employee, a copy of the last drawn/latest salary slip **ii.** if in small business, a separate self-declaration form which is to be attested by a bonafide person known to the Foundation, or by any prominent member of the locality

Mandatory for education aid

5. Marks card of the previous qualifying examination
6. Proof of admission to the current course
7. A letter from the principal under signature on the letterhead of the college/Institute indicating the necessity of aid to the applicant

The student is required to maintain the minimum merit percentage throughout each semester. The Foundation reserves the right to revoke the scholarship and withhold funds for the next semester, for reasons decided by the Foundation from time to time.

Mandatory for medical aid

8. A copy of the medical records specifying the illness, treatment undertaken/to be given and the incurred/estimated cost
9. A letter from the treating doctor under signature on the letterhead of the hospital indicating the necessity of aid to the applicant

III. Declaration (as applicable to the applicant)

I.

I, _____, affirm that the above application has been completed voluntarily and the information provided and any additional documents submitted are accurate and true to the best of my knowledge. I have read the rules and regulations and understand the same. I agree to be contacted by Dr Rukma Prasad Foundation to provide further information about my application, if needed. I also hereby authorize the Foundation to contact the institution that I attend/attended to verify or request any information necessary to help in the determine eligibility for my scholarship. I also understand that if I provide any false information, the Foundation reserves the right to pursue disciplinary or legal action and revoke my scholarship, if already awarded.

I have read and agreed with the notice above.

2.

I, _____, affirm that the above application has been completed voluntarily and the information provided and any additional documents submitted are accurate and true to the best of my knowledge. I have read the rules and regulations and understand the same. I agree to be contacted by Dr Rukma Prasad Foundation to provide further information about my application, if needed. I also hereby authorize the Foundation to contact the hospital/doctor to verify or request any information necessary to determine my eligibility to avail aid. I also understand that if I provide any false information, the Foundation reserves the right to pursue disciplinary or legal action.

I have read and agree with the notice above.

i. I read and understand English.

ii. I do not read and know the English language, but the contents have been explained to me by a person knowing and understanding the English language and I abide by the same.

Date:

Place:

Signature of the applicant