

**BHARATI COLLEGE  
(UNIVERSITY OF DELHI)**

**SCHOLARSHIP NOTICE  
UMRAO SINGH SUSHILA DEVI CHARITABLE TRUST**

**ELIGIBILITY CRITERIA FOR SCHOLARSHIP:-**

- (1) Students of 2<sup>nd</sup> and 3<sup>rd</sup> year only can apply for the scholarship through the prescribed application form along with supporting documents.
- (2) This scholarship is on the basis of “Merit cum means”. Therefore, the family income of the applicant should be less than Rs.2.00 lakhs per annum and the marks secured by her should not be below 75% in preceding exams.
- (3) The student should furnish a proof of family income duly authenticated by District Magistrate, as well as a copy of her report cards of the previous semesters/annual exam.
- (4) The student should not have availed similar financial assistance from any other source to avoid duplicity/multiplicity of financial assistance to a selected few and depriving other eligible and deserving students.

**KEEP THE FOLLOWING POINTS IN MIND:-**

- (i) Completed forms along with documents should be submitted in Account Section on 23<sup>rd</sup> November 2021 from 10:00 am to 2:00 pm.
- (ii) Scholarship form is attached below with the notice.

-Sd/-

**Dr. (Mrs.) Rekha Sapra  
Offtg. Principal**

# UMRAO SINGH SUSHILA DEVI CHARITABLE TRUST (Regd.)

R-36, Inder Puri, New Delhi-110012  
Phones: 9958491133, 9871383302, 9818552611

## MANOHAR MERIT CUM MEANS SCHOLARSHIP

### APPLICATION FOR GRANT OF ASSISTANCE

1. Name of the School/College/Institution \_\_\_\_\_
2. Name of the student \_\_\_\_\_
3. Phone \_\_\_\_\_ Email \_\_\_\_\_
4. Aadhar Card Number (**Attach copy**) \_\_\_\_\_
5. Date of Birth/ Age \_\_\_\_\_
6. School/College/Institution Roll Number  
(**Attach copy of the ID Card**) \_\_\_\_\_
7. Permanent Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Father's Name \_\_\_\_\_
9. Father's occupation \_\_\_\_\_
10. Family income per annum  
  
(**Attach Proof of Income**) \_\_\_\_\_
10. No. of dependents in the Family \_\_\_\_\_
11. Whether already availing any other  
assistance / loan \_\_\_\_\_
12. If yes, state the source & approx.  
money value per month/per annum \_\_\_\_\_
13. Assistance required from this  
Trust (Fees) \_\_\_\_\_
14. Extra-Curricular Activities, if any \_\_\_\_\_

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15. Justification for seeking assistance \_\_\_\_\_  
\_\_\_\_\_

16. Results of last three Annual examinations/Semesters: -

**(Attach Mark Sheets)**

Year	Class	Marks Obtained	Out of Total Marks	% of Marks/ Grades/CGPA	Remarks

Signature of the Student

Date - \_\_\_\_\_

Recommendations of the School/ College/Institution. - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of the Principal/ Dean/Director (With seal)

Date - \_\_\_\_\_

## **FOR TRUST'S OFFICE USE ONLY**

Recommendations of the Trustees: -

1. Application approved/rejected. \_\_\_\_\_

2. Assistance sanctioned. \_\_\_\_\_

Secretary/President/Treasurer

Date - \_\_\_\_\_