

Nelli Foundation

[CIN: U80900AP2009NPL062541]

(Incorporated under Section 25 of the Companies Act, 1956)

Application for Kalpavalli Scholarship

Surya Residency • H.No:12-2-823/5/501

Mehdi Patnam • Hyderabad - 500028, AP • India

Phone: +91 40 2351 3333 • Email: info@NelliFoundation.org • Web: www.NelliFoundation.org

Application Number:

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| 2 | 0 | 1 | 1 | - | | | |
|---|---|---|---|---|--|--|--|

Date (dd-mm-yyyy)

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Applicant's Institution Details:

Name of the Institution

Established (mm-yyyy)

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Address of the Institution

H. No./Street

Village/Town

Mandal/Tehsil

District

PIN

Type of the Institution*

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Area* (the school is located)

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Applicant's Basic Details:

Academic Year

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Medium*

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Class*

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Section

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Roll No.

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Sex*

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Caste Category*

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Religious Status*

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Disability Status*

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Area* (the Applicant Resides)

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Code

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Affix
45mm x 35mm
Size Photograph
attested by the
Head of the Institution

Applicant's Full Name (including surname, if any): (Initials not allowed)

Surname

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Given Name

Date of Birth (dd-mm-yyyy)

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Place of Birth

Mandal/Tehsil

District

PIN

Applicant's Residential Address (where staying presently)

Since (mm-yyyy)

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H. No./Street

Village/Town

Mandal/Tehsil

District

PIN

Signature
of the Applicant

Applicant's Bank Account Details:

Name of the Payee (Applicant's Name as in the Bank Accounts)

[illegible]

Statement of Nepotism:

Nelli Foundation requires applicants to identify any relation to a current Board of Directors of the Nelli Foundation. A student related to either can only receive a scholarship if exclusively based on need cum academic merit.

The following individuals are considered as relatives: 1. The Relatives of the Director: Spouse, Child, Spouse of child, Grand-child or Spouse of grand-child. 2. The Relatives of either the Director or of the spouse of the Director: Parent, Grand-parent, Sibling, Spouse of sibling, Child of sibling or Grand-child of sibling.

Are you related to any member of the Board of Directors of the Nelli Foundation? Write YES or NO

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If yes, Name of the Director:

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Applicant's relationship:

of the Director/ the spouse of the Director

Authorization of Information:

- I release to Nelli Foundation the right to access all my current and ongoing personal and academic records and transcripts.
- If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for Nelli Foundation.
- I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s).
- If awarded a scholarship, I release to the Nelli Foundation, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions.
- I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.
- I grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Declaration:

- I hereby declare that the statements made by me in this application form are true and correct to the best of my knowledge & belief.
- I am aware that if there are false statements in the foregoing application, I am liable to be prosecuted under the Indian Penal Code for forgery as well as any other penal consequences.
- I further agree to abide by the terms and conditions of the scholarship if selected for the Kalpavalli Scholarship of Nelli Foundation.
- I undertake, that if at any stage, it is found that the information given by me is false or fully or partially incorrect or if I violate the terms and conditions of the scholarship, the scholarship sanctioned to me, may be cancelled and the entire amount of scholarship will be refunded by me or recovered in lump sum from me.

Place:

Date:

Signature of the Applicant

Signature of the Father/Mother /Guardian

Declaration of Total Family Annual Income for 2010-11

I,Father/Mother/Guardian
 of..... (Name of the Applicant) who is studying in
 (Name of the School)
 hereby declare that the Total Family Annual (01-04-2010 to 31-03-2011) Income from all sources including
 the income of the spouse was Rs.(Rupees
 only).

If at any stage, it is found that the information given by me is false/not true, all benefits given to
 the student could be withdrawn and legal action as deemed fit, may be taken against me or my ward.

Place:

Date:

Signature of the Father/ Mother / Guardian

The Verification-cum-Recommendation

This is to certify that:

1. Mr. /Ms. is a regular student of this Institution.
2. He/she belongs to General/ Other Backward Classes/ Scheduled Caste/ Scheduled Tribe category as per the records maintained in the Institution.
3. The particulars given by him/her in the application from have been verified and found in order.
4. The rating most applicable to the applicant on the following criteria:

| | | | | | | |
|-----|--------------------------------|-------------|-----------|---------------|---------|---------------|
| 4.1 | Goal Oriented | Outstanding | Excellent | Above Average | Average | Below Average |
| 4.2 | Prospect for personal success | Outstanding | Excellent | Above Average | Average | Below Average |
| 4.3 | Leadership qualities | Outstanding | Excellent | Above Average | Average | Below Average |
| 4.4 | Responsibility / Reliability | Outstanding | Excellent | Above Average | Average | Below Average |
| 4.5 | Creativity / Resourcefulness | Outstanding | Excellent | Above Average | Average | Below Average |
| 4.6 | Extracurricular involvement | Outstanding | Excellent | Above Average | Average | Below Average |
| 4.7 | Prospects for Academic Success | Outstanding | Excellent | Above Average | Average | Below Average |
5. Name Relationship to Applicant, if any:
6. The Nelli Foundation should consider the following remarks and general information concerning the Applicant when screening this application:

Place:

Date:

Signature of the Head of the Institution
with Official Seal