## APPLICATION FORM FOR OBTAINING SCHOLARSHIP FROM S.VAIDYANATH AIYAR MEMORIAL FUND - 2014

The Member Secretary S.Vaidyanath Aiyar Memorial Fund The Institute of Chartered Accountants of India ICAI Bhawan, I P Marg <u>New Delhi – 110 002.</u>

Dear Sir,

I request that I may be provided scholarship from S.Vaidyanath Aiyar Memorial Fund for pursuing the Chartered Accountancy course. I give below my particulars as:

	i) Name of the applicant	
1	ii) Date of Birth	
	,	
	iii) Age	
2	Articles Assistant Registration No.	
3	Full Address	
4	Marital Status	
E (=)	i) Father's Name	
5 (a)	ii) Occupation	
	iii) Address	
	iv) Monthly Income (Attach documentary proof)	
	i) Mother's Name	
5 (b)	ii) Occupation	
	iii) Address	
	Monthly Income (Attach documentary proof)	
6	Details of total income from all sources per month Indicate separately from each source.	
7	Total monthly expenditure of the Students.	
8	What is the source from which the applicant is presently meeting his/her education expenditure per month?	
9	Detail of the parents /brothers /sisters of the articled assistant and their occupation and their income together with source. The details of the financials assistance, if any, provided by them to the students.	

10	Qualifications of the articled assistant [enclosed copies of mark sheets of examinations passed]	Marks secured in percentage and whether first attempt or not [state the attempt] <u>Marks</u> <u>Attempt</u>
	<ul> <li>i. 12<sup>th</sup></li> <li>ii. CPT</li> <li>iii. Intermediate / PE-II/PCE/IPCC</li> <li>iv. Graduation/Post Graduation</li> </ul>	a)% b)% c)% d)%
11.	Whether Physically Challenged (if yes, enclose attested copy of medical certificate).	

12. Particulars of the family members of the applicant including parents, sisters and brothers.

S.No	Name	Age	Relationship	Occupation	Annual Income
(i)					
(ii)					
(iii)					
(iv)					
(vi)					

13 Particulars of School/College/University etc. where the student had studied (Any break in the education career should be indicated in the remarks column and attested copies of the certificate should be sent with this form)

S.No	Name School/College and Institution	of	Examination Passed	Marks Obtain s	Division awarded and % of marks	Remarks
(i)						
(ii)						
(iii)						
(iv)						
(v)						

14 Whether any assistance received / likely to be received from Chartered Accountants Students Benevolent Fund or from any other source, and if so, provide details.

15 The extent of scholarship sought from the S.Vaidyanath Aiyar Memorial Fund and state reasons for the same 16 Name, membership no. and address of Principal under whom practical training is being received

I hereby declare that the particulars given above are true and complete to the best of my knowledge and belief and I have not concealed any information there from. I am aware that in the event of any information, if found to be false, distorted or twisted later, I will be disqualified from the receipt of any scholarship from S.Vaidyanath Aiyar Memorial Fund and would be bound to refund the amount even if received already to S.Vaidyanath Aiyar Memorial Fund.

Yours faithfully

Signature:

Name\_\_\_\_\_

Articled Registration No. \_\_\_\_\_

## Correspondence Address:

Place:\_\_\_\_\_

Date:\_\_\_\_\_

Mob.No.		
E.Mail.id:		

REMARKS OF THE EMPLOYER		
Address Telephone No email id	Signature Name Membership No	

## RECOMMENDATION

\*Recommendation of the Central Council Member/Chairman/Vice-Chairman/Secretary of the Regional Council or Branch of the Regional Council/Ex-President of ICAI/Chairman/Vice-Chairman, Member Secretary and Managing Committee Members of the S.Vaidyanath Aiyar Memorial Fund.

"I have gone through the particulars in the application form which has been filled in completely and the particulars stated therein are prima facie correct. In my opinion, it is a deserving case for scholarship from S.Vaidyanath Aiyar Memorial Fund may be sanction as per the guidelines.

Telephone No.

Mobile No.

Email id.

Place:

Date:		

\*Strike out which not applicable.

Articled Registration No.	Articled Registration No.
Name	Name
Correspondence Address:	Correspondence Address:
Mob.No.	Mob.No.
E.Mail.id:	E.Mail.id:

Note:

- 1. Kindly sent the application on above address of ICAI duly filled in and duly recommended by your principal and Central Council Member/Chairman/Vice-Chairman/Secretary of the Regional Council or Branch of the Regional Council/Ex-President of ICAI/Chairman/Vice-Chairman, Member Secretary and Managing Committee Members of the S.Vaidyanath Aiyar Memorial Fund along with necessary documents.
- 2. Those students who are receiving or likely to be receiving financial assistance from Chartered Accountants Students Benevolent Fund/ Scholarship from Board of Studies of ICAI/ any other sources for above period need not apply for the same.

Signature Name \_\_\_\_\_

Membership No.

Address/Rubber Stamp