



AIR FORCE ASSOCIATION
TAMILNADU BRANCH

APPLICATION
FOR THE AFA TAMIL NADU SCHOLARSHIP

PART- I

(To be filled by the student)

PASSPORT SIZE
PHOTO
OF
STUDENT

1. Name of the Candidate in Block Capitals: Mr / Miss.....
2. Marks Obtained in the previous class / Semester:
(Copy of Mark Sheet to be attached)
3. Name and Address of School / College/Institution where now studying /to which admission gained And Class Studying/course admitted:
.....
.....
4. Details of Brothers & sisters studying and Course / Class
.....

PART- II

(TO BE FILLED BY THE PARENTS / GUARDIANS)

5. **Particulars of Father.**

- a) Name:
- b) Service No:
- c) Rank:
- d) AFA MEMBERSHIP No:
- e) Branch/ Trade:
- f) Last Unit:
- g) Date of Commissioning / Enrolment:
- h) Date of Retirement/ Death if Deceased:
- i) Address for Communication:
.....
.....
- j) Tel No. / Cell No. :
- k) E-mail ID:

6. Particulars of Mother:

- a) Name :
- b) Address:
.....
- c) Date of Death, if Deceased:
- d) Tel/cell No. :
- e) E-mail ID:
- f) AFA Membership No.:

**7. Name & Address of Guardian if any:
.....
.....**

8. The Details for NEFT.

- a) Account Holder Name.....
- b) A/c. No.....
- c) IFS Code.....
- d) Bank & Branch Name.....
- e) Cheque Number of the Cancelled Cheque (To be Attached.)

[COPY OF BANK STATEMENT OF PENSION ACCOUNT FOR LAST THREE MONTHS TO BE ATTACHED.]

9. Pension Details:

- a) Whether Drawing Pension..... (YES / NO)
- b) If so, Amount of Pension: Basic Pension.....DR.....
TOTAL:.....
- c) Employment after Retirement. If Yes, Amount of Salary.....
- d) Whether Applied for Scholarship from IAFBA:(Yes / No) ,
If Yes, Details.....
- e) Any other Source of Income for the Family.....
.....

10. Properties Details:

- a) Owning a House?: (YES /NO)

b) Staying in the Own House or on Rented House, if on rent, Rent per Month?

.....

11. Certified that the details given in Part-I & II of the Application are correct and I understand that any false statement made by me will Disqualify the Applicant for Scholarship.

Place:

.....

Date:

Signature of Parent / Guardian

PART-III

(To be filled by School / College/ Head of Institution)

12. Certified that the Particulars stated in Part-I & II in respect of Mr. /Ms.
 Son / Daughter of Who is a
 student of (Class/ semester) in my School / College / Institution are
 correct.

13. He /She has secured Marks out of i.e.% in his/her
 previous Class / Semester

14. A Copy of the Mark sheet duly attested is enclosed.

Full Address of the Institution.

.....

.....

Signature of Head of Institution

(Seal / Rubber Stamp)

Countersignature of VP/Secretary