SCHOLARSHIP FORM

SESSION 2026

With School ☐   Without School ☐

Date: ☐ ☐ ☐ ☐ ☐
D D M M Y Y

FILL THE INFORMATION IN CAPITAL LETTERS

FULL NAME OF STUDENT :

DATE OF BIRTH (AS ON AADHAAR) : ☐ ☐ ☐ ☐ ☐ ☐ ☐
: D D M M Y Y Y

PHOTO

ADDRESS :

CITY _____   PIN CODE _____

DISTRICT _____   STATE _____

GENDER : MALE ☐   FEMALE ☐

ADHAAR NUMBER : ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

STUDENT'S PH. NO. :

EMAIL ID :

FATHER'S NAME :

FATHER'S PH. NO. :

MOTHER'S NAME :

MOTHER'S PH. NO. :

CLASS/COURSE : 7 ☐   8 ☐   9 ☐   10 ☐   11 ☐   12 ☐

☐ 11-12 (ARTS)   ☐ 11-12 (SCIENCE)   ☐ 11-12 (COMMERCE)

☐ CLAT   ☐ CUET   ☐ CA   ☐ CS   ☐ OUTLOOK ENGLISH

CURRENT SCHOOL

DATE :
PLACE:

PARENT'S SIGN.   STUDENT'S SIGN.

I HEREBY DECLARE THAT:

1. THE INFORMATION GIVEN BY ME/MY WARD IN THIS APPLICATION FORM ARE CORRECT TO THE BEST OF MY KNPWLEDGE.
2. I HEREBY UNDERTAKE AND AGREE TO PAY ALL KINDS OF FEES AND CHARGES BY THE DUE DATES AS COMMUNICATED TO ME. IN THE EVENT OF FAILURE TO MAKE PAYMENT ON TIME, THE INSTITUTE RESERVES THE RIGHT TO CANCEL MY REGISTRATION FAND/OR LEVY A FINE.

DATE :

PARENT'S SIGN.   STUDENT'S SIGN.

ICL VIDYAPEETH   Empowering Students Every Day Since 2015

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