

TALENTED STUDENT SPONSORSHIP 2018-19

IMPORTANT POINTS TO NOTE WHILE FILLING & SUPPORTING DOCUMENTS: -

- 1) All columns must be filled up and no column should be left blank.
- 2) Application must be filled up in candidate's own handwriting.
- 3) Students scoring 75% and above from Madhyamik level can apply.
- 4) For any query, call us at 8697117946 / 033-24625544

The following supporting documents should be submitted along with the application:

- 1) Certificates and marksheet showing marks secured from Madhyamik (10th std.) and onwards.
- 2) Income of parents certified by the revenue authorities.
- 3) Two recent color passport size photographs (non-attested) of applicant
- 4) Proof of admission to the course and the tuition fee paid/payable per annum duly certified by the institution authority.
- 5) Copy of the SBI Pass book of applicant

Last date of form submission is 31st August 2018

1. PERSONAL DETAILS:

Full Name (Block Letters): -	RIJIYA PARVIN
Male /Female: -	FEMALE
Date of Birth (dd/mm/yyyy): -	31/12/1996
SBI a/c no. of the candidate:	33379466409



Permanent Address: - VILL-TANRUI, P.O. SRIPUR, P.S. GOCHAT DIST-HOOGHLY, PIN-712612		
Present Address:- CHITTARANJAN HOSPITAL, CHEST BLOCK, 5th FLOOR PARK CIRCUS, 32-GORACHAND ROAD, KOLKATA-700014		
Contact details:		
Sl. No.	Contact No.	Name and Relationship
	8001984472	SK ABDUL RAHMAN - FATHER
	8945966464	MYSELF
	7076055046	FRIEND
E-mail ID (if any): - rijiyaparvinmc@gmail.com.		Mobile No.: - 8945966464 Whats App No.: 8945966464



➤ 2. EDUCATION DETAILS:

Class	Name of the Institution	Year of passing	% Marks obtained
Madhyamik	RAMAKRISHNA MISSION SARADA VIDYAPITH (H.S.)	2013	90.71%.
H.S. (10+2)	KHALATPUR HIGH MADRASAH	2015	88.2%.
Under Graduate	CALCUTTA NATIONAL MEDICAL COLLEGE & HOSPITAL	2017	66.5%.
Post-Graduate			

➤ 3. CURRENT EDUCATION DETAILS:

Course Name:	MBBS
Department:	2 nd YEAR
Institution Name:	CALCUTTA NATIONAL MEDICAL COLLEGE
Institution Address:	24, GORAGHAND ROAD, KOLKATA-700017.
Name of the Entrance test with RANK No: (if applicable)	WB JEE (M). RANK - 642 (GEN)
Year Appeared: -	2016
Duration of the course:	5.5 YEARS
Year of Admission:	2016
Year of completion (must specify month & year)	MARCH - 2022
If the candidate received any stipend/scholarship/ or any other Govt. scheme. If yes, please specify with name, nature of scholarship and amount in Rs.	NO
Expense per Year	i) Admission and Institution fee: Rs. 1000 + 2000 ii) Books: Rs. 5000/- iii) Hostel (if applicable): Rs. 48000/- iv) Private tuition fee: Rs. Total: Rs. 63000/-



➤ 4. FAMILY DETAILS:

Relation	Full Name	Age	Occupation	Education	Source of funding (if studying)	Annual Income
Father	SK ABDUL RAHAMAN	51	CULTIVATOR	FOUR	-	60000/-
Mother	JAHANARA BEGAM	41	HOUSE WIFE	SIX	-	-
Brother(s)						
Sister(s)	REHENA KHATUN	19	STUDENT	B.A -1ST	FATHER	-

➤ What is your future aim?

➤ DECLARATION BY THE APPLICANT: -

I, hereby declare that all the above information furnished by me is true. In case, any discrepancy is noticed, MUKTI has every right to terminate my sponsorship. I declare that my character and behavior will be exemplary and I shall maintain high scholastic standards and values, thereby setting an example for others. I will inform MUKTI of all changes in the course of my sponsorship. I will also attend any kind of seminar/ workshop/ meeting as will be informed to me. Failing to do so will result in cancellation of my sponsorship.

Place: KOLKATA

Date: 14/08/18

Riya Parvin
Signature of the applicant:

➤ DECLARATION BY PARENT/GUARDIAN: -

I, hereby declare that the above information furnished by my ward is true and there is no factual error. I am fully responsible for the accuracy of the information furnished in the application. In case of any discrepancy, I agree to refund the money received as sponsorship to MUKTI. I am also fully aware of the conditions pertaining to continuity of sponsorship.

Place: GOGHAT

Date: 11/08/18

Signature of Parent/Guardian:

১৭/০৮/১৮



Questionnaire (Please tick carefully, any wrong answer will cause your application will stand canceled)

	YES	NO
1. Are you female?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Do you stay in a village?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is anybody employed (service/job) in your family?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are you staying at your home for your studies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are your parents (father and mother) alive?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are you studying in government institution?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Do you give tuitions to other students?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are you Physically Handicapped?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are you involved in any co-curricular activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are you getting sponsorship from any other sources/ availing govt. funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Annexure A:

To,
The Secretary,
Mukti,
22 Canal Side Road,
Garia, Kolkata - 700084

To whom it may concern that

I, hereby declare that, RISHIYA PARVIN is a bonafide student of
Calcutta National Medical College (institution) and is pursuing 2nd year Prof. MBBS
(class/year with stream).

Considering his/her family economic condition, it would be a great help if MUKTI helps this needy student to
shape his/her future in a better way.

Thanking You,

Signature of Head of the Institution

With institution seal

DEAN OF STUDENTS' AFFAIRS
CALCUTTA NATIONAL MEDICAL COLLEGE
Date: 32, GORACHAND ROAD, KOLKATA-14
Phone no. of Institution: