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malda.



TALENTED STUDENT SPONSORSHIP 2019-20

IMPORTANT POINTS TO NOTE WHILE FILLING UP & SUPPORTING DOCUMENTS REQUIRED: -

- 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 80% and above from Madhyamik level can apply.
- 4) For any query, call us at 8697117946 / 033-24625544

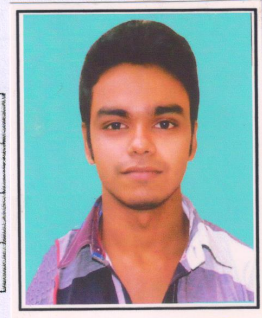
The following supporting documents should be submitted along with the application:

- 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 2019

I. PERSONAL DETAILS:

Full Name (Block Letters): -	MD. SAJIDUL ISLAM.
Male /Female: -	MALE.
Date of Birth (dd/mm/yyyy): -	27/04/1998.
SBI a/c no. of the candidate:	32504218135



Permanent Address: - VILL & PO- MOSIMPUR, PS- KALIACHAK, DIST- MALDA. PIN- 732206.		
Present Address:-		
Contact details:		
Sl. No.	Contact No.	Name and Relationship
1.	9614534023	MD. SELIM BISWAS, father.
E-mail ID (if any): -		Mobile No.: - 9647836798
		Whats App No.: 9647836798.



Annexure A:

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

To whom it may concern that

I hereby declare that MD. SAJIDUL ISLAM is a bonafide student of NRS Medical college & Hosp. (institution) and is pursuing 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
Murida
Principal
N. R. S. MEDICAL COLLEGE
KOLKATA



Date: 29.08.19
Phone no. of Institution:



2. EDUCATION DETAILS:

Class	Name of the Institution	Year of passing	% Marks obtained
Madhyamik	DANGRAM I.C. HIGH SCHOOL	2013	90%
H.S. (10+2)	KHALATPUR HIGH MADRASAH	2015	88%
Under Graduate	NILRATAN SIRCAR MEDICAL COLLEGE & HOSPITAL.	—	—
Post-Graduate			

3. CURRENT EDUCATION DETAILS:

Course Name:	MBBS.
Department:	MBBS.
Institution Name:	NILRATAN SIRCAR MEDICAL COLLEGE & HOSPITAL.
Institution Address:	AJC BOSE ROAD, KOLKATA, 700014.
Name of the Entrance test with RANK No:(if applicable)	
Year Appeared: -	
Duration of the course:	2018 - 2023
Year of Admission:	2018
Year of completion (must specify month & year)	2023
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 ii) Books: Rs..... iii) Hostel (if applicable): Rs..... iv) Private tuition fee: Rs. 4500 Per Sem. Total: Rs.....



4. FAMILY DETAILS:

Relation	Full Name	Age	Occupation	Education	Source of funding (if studying)	Annual Income
Father	MD. SELIM BISWAS	55	Farmer.	M. P. Pass.		60,000
Mother	MST. LOVELY BIBI	35	HOUSE WIFE	MADHYAMIK		—
Brother(s)	MD. MISBAHUL ISLAM	18	STUDENT	H.S. STUDYING	FATHER	—
Sister(s)						

➤ What is your future aim? TO BE A GOOD DOCTOR.

➤ 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: 29/8/19.

Md. Sajidul Islam.
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: Malda

Date: 28/08/19.

Signature of Parent/Guardian:

Md. Selim Biswas.



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

	YES	NO	
1. Are you female?		✓	.0
2. Do you stay in a village?	✓		.0
3. Is anybody employed (service/job) in your family?		✓	.5
4. Are you staying at your home for your studies?		✓	.5
5. Are your parents (father and mother) alive?	✓		.0
6. Are you studying in government institution?	✓		.0
7. Do you give tuitions to other students?		✓	.0
8. Are you Physically Handicapped?		✓	.0
9. Are you involved in any co-curricular activities?		✓	.0
10. Are you getting sponsorship from any other sources/ availing govt. funding?		✓	.5

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KOLKATA

