

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

	ak Jettarak C A				
ran Name (Biot	ck Letters): - SAYEED AN	IWAR BABU	Affix a passport		
Male /Female: -	PIALE		size color photograph (non-attested)		
Date of Birth (d	d/mm/yyyy): - 01/05/199	8			
SBI a/c no. of th	e candidate: 353979	59725			
Permanent Add	ress: - VIII - GIOPAL PU	R, PIO-SAHABAJ	pur,		
P. 5 ~	BALSHNAB NAMAR	R, DIST-MALDA,	PLN-732201		
Present Address	- CALCUTTA NI	ATRONAL MEDICAL	- COLLEGE		
MAFN	HOSTEL, 59 A	10 BENIYAPUKUR ROI	40, KOL-700014		
Contact details:			CA I		
Sl. No.	Contact No.	Name and Relationship			
1.	9679330837	SAYEED ANWALBAB	u (Me)		
2.	9593929517	NOW SABALL (FATE	leR)		
E-mail ID (if any): -		Mobile No.: - 96793308	37		
babu 26127@gmail.Com					
	Y	Whats App No.: 967933	0837		



Annexure A:

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

To whom it may concern that

I, hereby declare that, <u>SAYEED ANWAR</u> BABU is a bonafide student of CALCUTTA NATIONAL <u>HEDICAL</u>(institution) and is pursuing <u>2nd Prof. MBBS</u> 2018-19 (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

Date

Phone no. of Institution:

Proling 25.02.11

CALCU AL COLLEGI 32. GORALMAND HOAD, KOLKATA-14



2. EDUCATION DETAILS:

7 7	Name of the Institution	Year of passing	% Marks obtained
Class	MOZAMPUR HSSBHEGH	2014	91
	11 - 61 / 11.51	2014	
H.S. (10+2)	BAMONGRAM HMAM HIGH SCHOOL CH-S)	2016	93.6
Under Graduate			
Post-Graduate			

> 3. CURRENT EDUCATION DETAILS:

Course Name:	MEDICINE
Department:	MBBS MEDICAL COLLEGE
Institution Name:	CALCUTTA NATIONAL MEDICAL COLLEGE
Institution Address:	324, GORACHAND ROAD, KOZ-700014
Name of the Entrance test with RANK No:(if applicable)	NEET - RANK - 23241 (ALR), STATE (609)
Year Appeared: -	2017
Duration of the course:	5.6. Yrs.
Year of Admission:	2017
Year of completion (must specify month & year)	2022 & Marrich
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.	i) Admission and Institution fee: Rs. 17.500
Expense per Year	
	iii) Hostel (if applicable): Rs
	Private fuition fee: Rs
	Total: Round: 015.00 F



FAMILY DETAILS:

elation	Full Name	Age	Occupation	Education	Source of funding (if studying)	Annual Income
Father	NOWSAD ALL	50	FARMER	(10+2)		36000H
Mother	A NUARA B1B1	40	HOUSE	10th		Nil
Brother(s)	MEHEBUB JAHEDE	15	STUDENT			
Sister(s)	PARVEEN	6	STUDENT			

My Future aim is to become a Neurosurgeon and Social activist. > 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 Soysed Annay Boby Signature of the applicant: cancellation of my sponsorship.

25/07/19

> 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. Nowsad Ali Signature of Parent/Guardian:

GRALPUP, MALBA



Questionnaire (Please tick carefully, any wrong answer will cause your application will stand canceled) YES NO

1. Are you female?		V	~ 0
2. Do you stay in a village?	~		. 0
3. Is anybody employed (service/job) in your family?		V	.5
4. Are you staying at your home for your studies?		V	.5
5. Are your parents (father and mother) alive?	~		.0
6. Are you studying in government institution?	V		.0
7. Do you give tuitions to other students?		V	.0.
8. Are you Physically Handicapped?		~	- 0.
9. Are you involved in any co-curricular activities?	V		.5
10. Are you getting sponsorship from any other sources/ availing govt. funding?		V	.5
		-	6