



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

1. PERSONAL DETAILS:

Full Name (Block Letters): -	SADDAM HOSSAIN
Male /Female: -	Male
Date of Birth (dd/mm/yyyy): -	15/11/1995
SBI a/c no. of the candidate:	35038703171



Permanent Address: - VIII Mohampur, P.O:- Sabdalpur, P.S:- Baulshrabnagar, Dist:- Malda, Pin No:- 732201, West Bengal.

Present Address:- DO

Contact details:

Sl. No.	Contact No.	Name and Relationship
1.	9775016821	Saddam Hossain (Self)
2.	7407551228	Anisul Sekh (Brother)
E-mail ID (if any): -		Mobile No.: - 7001018191
		Whats App No.: 9775016821



Annexure A:

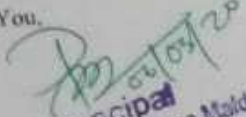
To,
The Secretary,
Mukti,
22 Canal Side Road,
Garia, Kolkata - 700084

To whom it may concern that

I, hereby declare that, Saddam Hossain is a bonafide student of
Malda Medical College (institution) and is pursuing MBBS (Part-I) 3rd year
(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 Principal
With Medical College Malda
Official Seal

Date:

Phone no. of Institution:





2. EDUCATION DETAILS:

Class	Name of the Institution	Year of passing	% Marks obtained
Madhyamik	Jaykrishnapur A.D.S. Vidyapeeth	2012	80.7%
H.S. (10+2)	Banke R.D. Sen High school	2014	76.4%
Under Graduate			
Post-Graduate			

3. CURRENT EDUCATION DETAILS:

Course Name:	M.B.B.S
Department:	Medical
Institution Name:	Malda Medical College and Hospital
Institution Address:	PO- Malda, PS- Englishbazar, Malda
Name of the Entrance test with RANK No. (if applicable)	NEET, Rank (AIR) - 41361
Year Appeared: -	2017
Duration of the course:	4 1/2 years
Year of Admission:	2017
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 + 9149 / (ii) Books: Rs. 5000 / (iii) Hostel (if applicable): Rs. 4000 x 12 = 48000 / (iv) Private tuition fee: Rs. 2000 / Total: Rs. 65149 /



> 4. FAMILY DETAILS:

Relation	Full Name	Age	Occupation	Education	Source of funding (if studying)	Annual Income
Father	Emajuddin Saikh	71 yrs	FERMAR	NILL		60,000/-
Mother	Late-Rohima Bibi					
Brother(s)	Abu Taher Aljab Ali	19 yrs 4 yrs		NILL		
Sister(s)	Mezina Khatun Sahaji Khatun	21 yrs 5 yrs	student	(H.S.)		

> What is your future aim?

I want to help needy people and students and also want to do M.D on Medical Science.

> 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.

Saddam Hossain
Signature of the applicant:

Place: Mohanpur

Date: 06/03/2020

> 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.

Signature of Parent/Guardian:
Emajuddin Saikh

Place: Mohanpur

Date: 06/03/2020



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

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