



**KOVAI KALAIMAGAL EDUCATIONAL TRUST**  
**(KKCAS)**



Vellimalaipattinam, Narasipuram Post, Thondamuthur Via, Coimbatore - 641 109.  
Ph: 0422 – 2970131 / 132, Fax: 0422 – 2970427, 9500564940

**Application for Management Scholarship (20 ----- - 20 -----)**

**Date:** \_\_\_\_\_

**From**

**To**

The Trustees  
Kovai Kalaimagal Educational Trust  
Vellimalaipattinam, Narasipuram Post  
Thondamuthur (via), Coimbatore -641109.

**Sir,**

Sub: Application for getting Management Scholarship for the years 20 - 20 – Reg.

I \_\_\_\_\_ joined \_\_\_\_\_

in our college (KKCAS) during the 20 - 20 .I am enclosing herewith filled in scholarship application form for your kind consideration. I request you to kindly consider my application and sanction the Management Scholarship amount so that it will helpful to me for my higher studies.

**Scholarship Category:** (Economically Backward / Socially Downtrodden / Wards of Staff /Siblings)

(Please Tick any of the above)

Thanking you,

Yours faithfully,



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### Application for Management Scholarship (20 ----- - 20 -----)

(Economically Backward / Socially Downtrodden / Wards of Staff / Siblings)

Date: \_\_\_\_\_

1. Name of the Student : \_\_\_\_\_
2. Class : \_\_\_\_\_
3. Batch : \_\_\_\_\_
4. Date of Admission : \_\_\_\_\_
5. Gender : \_\_\_\_\_
6. Community : \_\_\_\_\_

7. Marks obtained in :

H.S.C		Degree/Diploma		Previous Semester Marks	
Marks	%	Marks	%	Marks	%

8. Hostler / Days scholar : Yes / No

9. Whether availing the College bus : Yes / No

10. Whether applied for any other scholarship : Yes / No

If yes, furnish the details

11. Whether applied for Bank Loan : Yes / No

If yes, give details

12. Name of the Father / Mother/ Guardian :

13. Occupation of Father / Mother/ Guardian :

14. Address with Contact Number :



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### 15. Economical Status of the Family Members:

S.No	Name	Relationship	Annual Income
1			
2			

### 16. Details of Siblings :

S.No	Name	Department Studied	Batch
1			

### 17. Details of the Staff:

S.No	Name of the Staff	Name of the Institution	Designation	Service Duration
1				

### DECLARATION

I declare that the above informations are correct to the best of my knowledge.

Signature of the Student

### OFFICE USE

Remarks by the Principal : \_\_\_\_\_

Nature of Scholarship : (Economically Backward / Socially Downtrodden / Wards of Staff /Siblings)

Period of the Years : \_\_\_\_\_

Amount Sanctioned : \_\_\_\_\_

HoD

OS

Principal

Trustee

Trustee

Secretary