



AWOO Foundation Scholarship

Please note that all compulsory fields (*) must be filled. In case of nil information for a particular field, 'N/A' is to be written. The form is to be filled up in BLOCK CAPITALS with blue colour ball point pen. The form is to be filled up neatly without any overwriting. Use of corrective fluid (whitener) is not permitted. Filled application forms with copy of all documents required should reach the mentioned address by 30th October 2019

A. Personal Details

First Name*	<input type="text"/>	Last Name*	<input type="text"/>
Date of Birth*	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="-"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="-"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Aadhaar No.*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal Address*	<input type="text"/> <input type="text"/> <input type="text"/>		
City*	<input type="text"/>	District*	<input type="text"/>
State*	<input type="text"/>	Pincode*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Student's Mobile No.*	If not available, alternate no. is mandatory		
Email*	<input type="text"/>	Gender*	<input type="radio"/> Male <input type="radio"/> Female

B. Parent Details

B1. Fill the section below, if either of your parents is part of Aditya Birla Group

Relationship*	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Guardian		
Employee Name*	<input type="text"/>	Employee ID*	<input type="text"/>
Designation*	<input type="text"/>	Business Unit*	<input type="text"/>
Business Unit Address*	<input type="text"/>		
Date of Joining*	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="-"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="-"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		

B2. Parents/ Guardian details (Mandatory)

Father/Guardian

Name*	<input type="text"/>	Mobile Number*	<input type="text"/>
Occupation*	<input type="text"/>	Annual Income ₹	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Mother

Name*	<input type="text"/>	Mobile Number*	<input type="text"/>
Occupation*	<input type="text"/>	Annual Income ₹	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

C. Academic Details

Present Class*	<input type="radio"/> Graduation <input type="radio"/> Post-Graduation <input type="radio"/> Polytechnic/ Diploma <input type="radio"/> Other Unique Professional Course
Current School/College/Institute - Name and Address (with City, District and State)*	

<input type="text"/>
<input type="text"/>
<input type="text"/>

UGC Affiliated*	<input type="radio"/> Yes <input type="radio"/> No	Institute Rank	<input type="text"/>	Country Name	<input type="text"/>
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Note: Please mention the source/ URL from which you got the ranking

<input type="text"/>

Present Class/Degree*	<input type="text"/>	Subject/Stream	<input type="text"/>	Starting Year	<input type="text"/>
CompletionYear*	<input type="text"/>	Course Duration	<input type="text"/>	Starting Year	<input type="text"/>
Is your course divided into semester?	<input type="radio"/> Yes <input type="radio"/> No	Total no. of Semesters ?*	<input type="text"/>	Current Academic Year	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

D.Student Academic Record*

Please provide details of your Qualifications in descending order with your most recent Qualification entered first.

Passing Year	Qualification	Institute/College/School	Location	Total Marks obtained (Percentage/CGPA)	Total Marks obtained out of

What will be your qualification at the end of course*

Have you got any tuition fee waiver?* ☐ Yes ☐ No If yes, please provide amount (in INR)

E. Document Checklist*

Please provide self-attested copies of the following documents with this registration form. Kindly check-mark documents that you have attached.

- | | |
|------------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="radio"/> Latest College Admission Letter/ Fee Receipt/ Bonafide Certificate | <input type="radio"/> Passport size photograph |
| <input type="radio"/> Under-Graduation/Graduation/Post Graduation mark sheets | <input type="radio"/> Class XII mark sheet |
| <input type="radio"/> Class X mark sheet | <input type="radio"/> Income proof |
| <input type="radio"/> Institute estimate of expenses for the year 2019-20/Fee Structure | <input type="radio"/> Identity proof/ Aadhaar Card |
| <input type="radio"/> Total course fee receipts for 2019-20 | |

F. Declaration Statement*

I, hereby declare that the information, documents and explanations submitted by me in this form is complete, true and correct. I understand and agree that in case the information, documents and explanations furnished here found to be incorrect, false or misleading at any stage, my candidature for the purpose of scholarship is liable to be cancelled.

I have read the terms and condition properly. And I give my consent to process my form.

Student's
Signature:

Postal Address:

Please send the completely filled form with all the mandatory documents at the below address:

**Buddy4Study 04th Floor, Technopolis IT HUB, C-56 A/12, Sector 62, Noida, Uttar Pradesh, 201301,
Contact No: 011-430-92248 (Ext-138)**