

KARPAGAM ACADEMY OF HIGHER EDUCATION

(Deemed to be University)
(Established Under Section 3 of UGC Act, 1956)

Pollachi Main Road, Eachanari Post, Coimbatore - 641 021, Tamilnadu, India. Phone: 0422 - 2980011 - 14, 6471113, 14 | Fax: 0422 - 2980022-23 | Email: info@karpagam.com

NGOs and other private agencies Scholarship 2016-17

AMM MURUGAPPA CHETTIAR CENTENARY SCHOLARSHIP:

Sl.No.	Name of the Student	Programme	Amount
			Rs.
1	Senthil Kumar R	II M.Com CA	5,000.00
2	Sathyavani B	II M.Sc Microbiology	5,000.00
3	Ramya R	III B.Sc Microbiology	5,000.00
		Total	15,000.00

APPLICATION FORM

No. 0502



Place:

Date:

Signature (Parent / Guardian)

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Concurred Head Finance & Admin

Approved Secretary

Cash Received.

APPLICATION FORM

No. 0271 The scholarship shall be governed by the regulations issue by the A.M.M. Foundation, from time to time. The decision of the Foundation shall be final and binding Completed forms should be submitted to The Secretary, A.M.M. Foundation, Old No. 2, New No. 3, Sriram Nagar North Street, Alwarpet, Chennai - 600 018. Incomplete Applications will not be considered. 100 Last date for completed Applications: LKG-X: June 30, XI-XII: July 15, Degree / Diploma / PG: July 31, Professional Degree Courses: August 31 Only one application per family will be permitted. B. Sathyavani Dlo K. Balasubsamaniam 13/346 Tyyer Padi Estate, Tyyer Padi (Post) valparai -642/08 Name & Address of the Applicant: Father / Mother / Guardian (As per School / College Records with proof) 2. Contact Number Landline (with area code) Mobile 9597819392 9442953541 Details of Parents / Guardian Monthly Income Occupation Qualification Name Relationship (Rs) Electrician 1215 Father M8. K. Balasublamanian & th Mother Ms. phanatakshmi Guardian Income from other Source: **Total Income** 96000 Sisters: -Brothers: 4. Number of Sublings: Details of the Student Marks Obtained in Name & Address of the Class / Total Fees to be Pald Sex Name the last Examination Course Institution (Presently Studying) 正 Karpagern university Pollachmain Female B. Sathyavani 46900 8.33 M.SC Was the student in receipt of any Scholarship / Donation from AMM Foundation : If yes give details Amount (Rs.) **Application Number** Year Course for which received Scholarship / Donation Bank Details of the Parent / Guardian Account No.: 6049 898833 Name of the Account Holder: B. satuyavani Name and Address of the Bank: Jindian Bank, Apu Campus, 1117, Methupalayan Road, Avinabilizan Luller, Note: Along with the form we require the following attachments: (Application will not be considered with out these documents) Income Cerfificate from the employer Certificate from the Educational Institution in the attached format Copy of the latest / Last Available Mark Sheet duly attested by the head of the educational Institution Copy of the receipt of last paid fees.

I, hereby solemnly declare and confirm that the statements made by me are correct and nothing has been concealed. In case any of the particulars given above is found to be incorrect at a later stage, I will refund the amount paid to me.

Place: Countatore Date: 04.07.2016 Robertied Destroperent. Dello

Signature of the Applicant

(To be filled by the Institution).

This is to certify that Mr. / Miss	B. Sat	hyavanî		(Roll No. 15 MBP003			
Son / Daughter of Mr./ MrsK	Balasub	samaniam.i	is stud	dying in II M. Sc (Microbiology) cou			
in this School/College and the feet	s payable by th	e student is		46900 per annum			
All Compatate	2116			REGISTRAN Karpagam University Spenachi Main Boath Rachanari Pon			
Date: 04.04.2016	* FOLK !	Chylo		(Seal of the Institution)			
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	(To b	e filled by the Ins	stituti	ion) iabou sant the			
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and his / her Gross Salary & Per							
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Place:			S	SIGNATURE OF THE AUTHORISED PERSONNEL			
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☐ Not recommended for the fo	ollowing reaso	ns					
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Concurred Head Finance & Admin Approved Secretary



A.M.M. FOUNDATION

A.M.M. MURUGAPPA CHETTIAR CENTENARY SCHOLARSHIP

APPLICATION FORM

No.

0341

The scholarship shall be governed by the regulations issue by the A.M.M. Foundation, from time to time.

- The decision of the Foundation shall be final and binding
- Completed forms should be submitted to The Secretary, A.M.M. Foundation, Old No. 2, New No. 3, Sriram Nagar North Street, Alwarpet, Chennai - 600 018.
- Incomplete Applications will not be considered.
- Last date for completed Applications: LKG-X: June 30, XI-XII: July 15, Degree / Diploma / PG: July 31, Professional Degree Courses: August 31
- Only one application per family will be permitted.

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Mobile			***************************************	911 2153725						
3. Details of Parents / Guardian				144 64.	JJKK	<i>y</i> 1–3				
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Scholarship / Donation		C	ourse for wh	ich received	Year Application Number		An	Amount (Rs.)		
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Income Certificate Certificate from the	ie form we reque e from the emplo ne Educational In	u ire th oyer stitution	n in the attach	attachments : (Appli ed format	cation will no	ot be considered with ou	t these docur	nents)		
		Sheet duly att	ested by the head of t	he education	nal Institution					
	Name & Address of Father / Mother / Guard (As per School / Colle (As	Name & Address of the Applicant Father / Mother / Guardian (As per School / College Records with Contact Number Landline (with Mobile Details of Parents / Guardian ationship Name PARAN J rdian me from other Source: Il Income Round - Jocob Number of Sublings: Details of the Student Name RAMYA R LAMBUDIT Was the student in receipt of any If yes give details Scholarship / Donation Bank Details of the Parent / Guardian Name and Address of the Bank: IN Note: Along with the form we required income Certificate from the employed Certificate from the Educational In Copy of the latest / Last Available	Name & Address of the Applicant: Father / Mother / Guardian (As per School / College Records with proo Contact Number Landline (with area of Mobile Details of Parents / Guardian Ationship Name PARAN JOTA Trian The PARAN JOTA Trian The PARAN JOTA The PARAN JOT	Father / Mother / Guardian (As per School / College Records with proof) Contact Number Landline (with area code) Mobile Details of Parents / Guardian ationship Name PARAN JOTH1 rdian me from other Source: Il Income Rs - 10000 Number of Sublings: Details of the Student Name Sex Class / Course RAMYA R LAMBUOLT Was the student in receipt of any Scholarship / Do If yes give details Scholarship / Donation Course for wh Bank Details of the Parent / Guardian Name of the Account Holder: R PARAN JO Name and Address of the Bank: INDIAN BAN Note: Along with the form we require the following a lncome Certificate from the Educational Institution in the attach Copy of the latest / Last Available Mark Sheet duly att	Name & Address of the Applicant: Father / Mother / Guardian (As per School / College Records with proof) Contact Number Landline (with area code) Mobile Details of Parents / Guardian Ationship Name Qualification RAMAR. Per RA	Name & Address of the Applicant: Father / Mother / Guardian (As per School / College Records with proof) Contact Number Landline (with area code) Mobile Details of Parents / Guardian Ationship Name RAMAR, 18-91 Mulugallu' E 6 to Nalpalau', Coirn Mulugall' E 6 to Nalpalau', Coirn	Name & Address of the Applicant: Father / Mother / Guerdian (As per School / College Records with proof) Contact Number Landline (with area code) Mobile Details of Parents / Guardian Attionship Name Qualification Qualification Qualification Occupation RAMAR. H3C + 2 DOOK Number of Sublings: Brothers: 1 Sisters Details of the Student Name Sex Class / Name & Address of the Marks Obtain the last Examin Name Sex Course Institution (Presently Studying) Was the student in receipt of any Scholarship / Donation from AMM Foundation: Yes /	Name & Address of the Applicant: Father / Mother / Guerdien (As per School / College Records with proof) Contact Number Landline (with area code) Mobile Details of Parents / Guerdian Stionship Name Qualification Qualification Occupation More PARANTOTHI Name Sex Class / Course Income Ry - JOCOO Number of Subblings: Brothers: 1 Sisters: Details of the Student Name Sex Class / Course Income Ry - JOCOO Number of Subblings: Brothers: 1 Sisters: Details of the Student Name Sex Class / Course Income Ry - JOCOO Number of Subblings: Brothers: 1 Sisters: Sisters: Name & Address of the Institution (Presently Studying) Was the student in receipt of any Scholarship / Donation from AMM Foundation: Yes / No. If yes give details Scholarship / Donation Course for which received Year Application Number Ar Bank Details of the Parent / Guerdian Name of the Account Holder: R. PARANTOTH Account No: 6012873015 Note: Along with the form we require the following attachments: (Application will not be considered with out these docur income Certificate from the Educational Institution in the attached format Copy of the latest / Last Available Mark Sheet duly attested by the head of the educational Institution Parent PARANTOTH Account No: 6012873015 Note: Along with the form we require the following attachments: (Application will not be considered with out these docur income Certificate from the Educational Institution in the attached format Copy of the latest / Last Available Mark Sheet duly attested by the head of the educational Institution		

I, hereby solemnly declare and confirm that the statements made by me are correct and nothing has been concealed. In case any of the particulars given above is found to be incorrect at a later stage, I will refund the amount paid to me.

Place: Muugalli Date: 1-07-16 Signature of the Applicant (Parent / Guardian)

	(Roll No14MBDOL7)				
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