

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 2019-2020

PACHAIYAPPA'S TRUST BOARD, SCHOLARSHIP FOR ARYAVYSYA COMMUNITY STUDENTS:

S.No	Name of the Student	Programme	Amount
			Rs.
1	Raagavi	BE CSE	30,000.00
2	Raagavi P	BE CSE	30,000.00
		Total	60,000.00



PACHAIYAPPA'S TRUST BOARD, CHENNAI -30

APPLICATION FORM FOR AWARD OF SCHOLARSHIP FOR ARYA VYSYA COMMUNITY STUDENTS ONLY (YEAR -2018-2019)

(For office use only - Not to be filled in by the student)

Last Date of Receipt of filled up application

Application Number

Name of the Estate in which scholarship awarded

1. Name of the Student

2. Class / Trade studying

3. Category

4. Amount of Scholarship Awarded

5. Father / Guardian Annual Income

6. Name of the Caste / Religion



Name of the Student
 (Capital Letters as per Mark Sheet)

2. Date of Birth and Age

3. Nationality

4. Religion

5. Caste / Community

6. Residential Address with Mobile Number

a) Address for Communication

b) Permanent Address

RAAGHAVI.P

05.03-1999

INDIAN

HINDU

ARYA VALLYAR FC

P. RAHGHAUI DO BV. PRAKASH 130/3. ALUV Main Koad WAMAGIRI PET 637406 9150351159

P. RAAGHAVI D/O. V. PRAKASH 130/3. ALUN Main Road NAMAGIRIPET. 637406

7. Are you physically challenged?

V. No

.

Father / Guardian Name 8.

U. PRAKASH

9. Occupation and Annual Income BUSINESS, X,14/2

Office Address with Phone Number 10.

RAAGHAUI TRADERS 168/A. S. AMUY Mair Roal

WAMAGIRIPET

11. Class / Trade in which studying at present

B. E (C.SE). TIT YEAR

12. Name and Address of the Section / College / Institution

KARPAGAM CHOTVERSITY

HIGHER EDUCTIONE ACHANNAKI. P.

Duration of the Course 13.

COIMBATORE- 641021

B.E (CSE)

Whether Regular / Part Time

REGular

Whether the Applicants has passed 14. last Examination and the percentage of the Marks obtained

86.8%

Whether the Applicant is getting 15. any stipend / Scholarship and if so, the source and amount. WILL

16. Exam Fees, Hostel Fees etc.,)

Scholarship amount required (Tuition Fees: TUITION FEES, HOSTEL FEE

17. Have you applied towards scholarship previously in this office if so, the amount :: received / year and the Name of the Estate, furnish the details.

WILL

Bank Details:- First Page of the bank pass book Xerox copy should be enclosed 18.

a)	Name of the bank	IWDIAN OVERSEAS	
b)	Branch & Place	NAMAGIRIPET	
c)	Account no	36620100000254	
d)	Ifse code	10BA0003662	

DECLARATION

I declare that the above said information are true to the best of my knowledge and if found to be false I agree to refund the scholarship award amount.

V. Kil

P. Rosogani

Signature of the Parent / Guardian

Signature of the Student

PLACE: NAMAGIRIPETTAI

DATE : 2.3/10/19

CERTIFICATE FROM THE HEAD OF THE INSTITUTION / SCHOOL / COLLEGE

1.	I certify that P. RAAGIAN ! (ISRBECSEOSE) an of / daughter of.
	V. PRAKASIA is a bonafide student of
The Yor	B-E-CSE Class/course in KARPAGAM ACADEMY OF
	HIGHER EDUCATION College / Institution.
2.	The particulars given by the student are correct as per the record of the college / institution. (Yes / No).
3.	The student's character is satisfactory / not satisfactory.
4.	The student has received / not received scholarship from any other institution.
5.	Whether the student physically handicapped. (Yes / No).
6.	The School / College / Institution is Government / Govt. Aided / Private / Self-Finance (State Clearly).
7.	The College / Institution is affiliate to USC
8.	If the student leaves studies, the fact will be intimated to the Office of the Secretary, Pachaiyappa's Trust, Pachaiyappa's College Campus, Chennai -600 030.
के के किया है कि	Karpagam Academy of Higher Education (Deemed to be University Under Section 3 of UGC Act 1956) Pollachi Main Road, Eachanari Post, Coimbatore - 641 021.
LA D	ATE: 23/10/19 Signature of the Principal / Head of the institution with scal
	ACE: combatore Ole
1/3	20/19/4. 10/19/23/10/19/29 (22/10/19)
	230,000 (appenon) Rectioned (23/10/19)
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- 3. Category
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- 5. Father / Guardian Annual Income
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1. Name of the Student (Capital Letters as per Mark Sheet)

Date of Birth and Age

Nationality

Religion

Caste / Community

Residential Address with Mobile Number

Address for Communication a)

Permanent Address b)

RAAGHAVI P (GRBECSEOS6)

05.03.1999

INDIAN

HINDU

ARYA VAIIYAR. (FC)

P. RAAGHAVI.

DIO. V. PRAKASH

130/3 Adur MAIN Road

9150351159

: DOV. PARAKASH

130/39 ATTUR MAIN ROAD,

NAMABURIPETTAI - 637406

Are you physically challenged?

V. PRAKASH 8: Father / Gardian Name

9. Occupation and Annual Income BUSINESS 1, 14,000

RAAGHAVI TRADERS Office Address with Phone Number 10.

+68/A.S. Althor Mainks of

Class / Trade in which studying at present 11.

Name and Address of the School / 12.

College / Institution

Duration of the Course 13.

Whether Regular / Part Time

Whether the Applicants has passed 14. last Examination and the percentage of the Marks obtained

Whether the Applicant is getting 15. any stipend / Scholarship and if so, the source and amount.

Scholarship amount required (Tuition Fees: 16. Exam Fees, Hostel Fees etc.,)

Have you applied towards scholarship 17. previously in this office if so, the amount received / year and the Name of the Estate, furnish the details.

WAMARIEIPET

B. E (C.SE) IV. YEAR

KARPAGAM UNIVERS RY

EACHANNAKI P.C COIMBATORE-641021

(6.SE)

REGular

86.1% TIT YEAR

PUITION FEES, HOSTEL FEES E LAM FEES

NIL

Bank Details:- First Page of the bank pass book Xerox copy should be enclosed 18.

a)	Name of the bank	10B	
b)	Branch & Place	NAMAGIRIPET	
c)	Account no	3662010000847	
d)	Ifsc code	1-0BA 0003662	

DECLARATION

I declare that the above said information are true to the best of my knowledge and if found to be false I agree to refund the scholarship award amount.

1.2 Signature of the Parent / Guardian

DATE . 02 1- 19

PLACE: NAMAGIRIPETTAI

Signature of the Student

CERTIFICATE FROM THE HEAD OF THE INSTITUTION / SCHOOL / COLLEGE

1. I certify that. P. RAAGAVI (IERRECSEOSE) on of / daughter of .
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If the student leaves studies, the fact will be intimated to the Office of the Secretary, Pachaiyappa's Trust, Pachaiyappa's College Campus, Chennai -600 030.

Karpagam Academy of Higher Education (Deemed to be University Under Section 3 of UGC Act 1956)

DATE: 23/10/19

Signature of the Principal/Head or the institution with seal

PLACE: Combetore

Why 23/10/19

Recieved (23/10/19)

P. Roagewii

P. Roagewii