

FORM NO. K/\_\_\_\_\_



ISSUED DATE \_\_\_\_\_

REGD NO. B-982 (Bom) - Under Public Trust Act

RECEIVED DATE \_\_\_\_\_

**EDUCATION SECTION**

Applicant's Photo

**K. S. I. MEDICAL AID & WELFARE SOCIETY**

Mehfile Mohibban-e-Husein, 1st Floor, 18, Hazrat Abbas (a.s.) Street, Palagali, Mumbai - 400009

E-mail : ksisociety@gmail.com

Phone No. : 2343 8408

**Incomplete Form will Not to be Considered****THE ISSUE OF FORM DOES NOT GUARANTEE GRANT OF SCHOLARSHIP**

**KINDLY INFORM SOCIETY EVERY YEAR OF YOUR  
PROGRESS BY E-MAIL : ksisociety@gmail.com  
OR BY LETTER OR PERSONALLY**

**YOUR RESPONSIBILITY :-  
SOCIETY NEED FUNDS HELP US AFTER PASSING  
TO EDUCATE YOUR POOR BROTHERS**

**AS A PARENTS / GUARDIAN'S I, HERE BY FURNISH THE REQUIRED PARTICULARS  
OF MY SELF FOR THE TAKING EDUCATIONAL AID FOR MY CHILDRENS**

**Parent's Name :** \_\_\_\_\_  
Surname Middle Name Father's Name

**Age :** \_\_\_\_\_ **Gender :** \_\_\_\_\_ **Caste :** \_\_\_\_\_ **Occupation :** \_\_\_\_\_ **Monthly Income :** \_\_\_\_\_

**Residential Address :** Bldg. Name & Plot No. \_\_\_\_\_ Flat/Room No. \_\_\_\_\_

**Wing / Chawl :** \_\_\_\_\_ **Landmark :** \_\_\_\_\_

**Area :** \_\_\_\_\_ **City :** \_\_\_\_\_ **State :** \_\_\_\_\_ **Pin Code :** \_\_\_\_\_

**Mobile No. :** \_\_\_\_\_ **E-mail :** \_\_\_\_\_

**Business / Service Name & Address :** \_\_\_\_\_

**Wing / Chawl :** \_\_\_\_\_ **Landmark :** \_\_\_\_\_

**Area :** \_\_\_\_\_ **City :** \_\_\_\_\_ **State :** \_\_\_\_\_ **Pin Code :** \_\_\_\_\_

**Mobile No. :** \_\_\_\_\_ **E-mail :** \_\_\_\_\_

**Details Of Other Earning Members In Family**

Sr. No.	Name of Other Earning Members	Full Business / service Name & Address	Monthly Income
1.			
2.			

**Details of the Studying Childrens**

Sr. No.	Student's Name	Std.	Passed Failed	Total Marks / Out of	Marks %	Grade	Name of the Present School
1.							
2.							
3.							
4.							
5.							
6.							

**Details Of Applicant & His All Family Members**

Sr. No.	All Family Member's Name	Age	Relation With Applicant	Educational Qualification	
1.			Self (Applicant)		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**Educational Aid Taken / Taking From This Society :    Yes / No**

**Particulars of Any Aid Availing From Other Sources :    \_\_\_\_\_**

**STUDENT'S PHOTO ATTACHED WITH NAME :-**

<b>Student - 1</b>	<b>Student - 2</b>	<b>Student - 3</b>	<b>Student - 4</b>

**SPECIAL ACHIEVEMENT :-**

**1. STUDENT'S NAME :** \_\_\_\_\_

**Sports**    .....

**Social**    .....

**Extra Curricular Activities** .....

**Others**    .....

**2. STUDENT'S NAME :** \_\_\_\_\_

**Sports**    .....

**Social**    .....

**Extra Curricular Activities** .....

**Others**    .....

**3. STUDENT'S NAME :** \_\_\_\_\_

**Sports**    .....

**Social**    .....

**Extra Curricular Activities** .....

**Others**    .....

**4. STUDENT'S NAME :** \_\_\_\_\_

**Sports**    .....

**Social**    .....

**Extra Curricular Activities** .....

**Others**    .....

**IMPORTANT INSTRUCTION**

**A Zerox Copy of the Annual Exam's Report and Also Zerox Copy of the Birth Certificate Should be Attached**

**The Particulars of School Fees should be Filled by only School Authorities, in the Separate Prescribed form Attached herewith**

I Hereby Declare that whatever stated is True and Correct. I will not Apply / Accept any Scholarship for my Child / Childrens from any Other Person / Institution. I Shall Render my self Disqualified all the Help for Assistance From the Society , Incase the above Information are Found to be False / Incorrect.

*Applicant's Signature* : \_\_\_\_\_



To be Attached with  
Scholarship Form No. : \_\_\_\_\_

REGD NO. B-982 (Bom) - Under Public Trust Act

## K. S. I. MEDICAL AID & WELFARE SOCIETY

Mehfile Mohibban-e-Husein, 1st Floor, 18, Hazrat Abbas (a.s.) Street, Palagali, Mumbai - 400009

E-mail : ksisociety@gmail.com

PHONE NO. : 2343 8408

### EDUCATION SECTION

TO BE FILLED IN BY THE  
SCHOOL AUTHORITIES ONLY

THIS IS TO CERTIFY THAT THE NAME OF THE  
CHILDREN MENTIONED HEREUNDER ARE THE  
BONAFIDE STUDENTS OF OUR SCHOOL  
NECESSARY PARTICULARS ARE GIVEN BELOW :

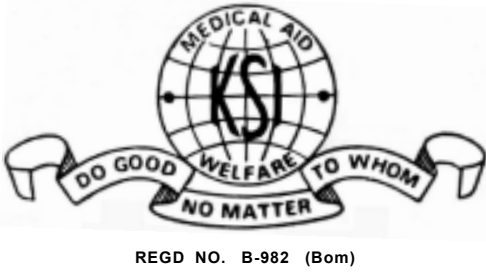
Sr. No.	Pupil's Name : Father's Name	Std.	Monthly / Yearly School Fees	Term Fee I & II	Adm. Fee ( If Any )			Total Amount For The Year
1.			.....X 12 = .....					
2.			.....X 12 = .....					
3.			.....X 12 = .....					
4.			.....X 12 = .....					
5.			.....X 12 = .....					
6.			.....X 12 = .....					
7.			.....X 12 = .....					
8.			.....X 12 = .....					

THE SCHOLARSHIP CHEQUE ISSUE IN OUR SCHOOL NAME , WHICH IS AS FOLLO

\_\_\_\_\_  
\_\_\_\_\_

RUBBER STAMP OF THE SCHOOL WITH ADDRESS

PRINCIPAL'S SIGNATURE



## KHOJA SHIA ISNA-ASHARI MEDICAL AID & WELFARE SOCIETY

Mahefile Mohibban-e-Hussain, 1st Floor,  
18, Hazrat Abbas (a.s.) Street, Palagali, MUMBAI - 400 009  
Phone : 2343 8408 Email : ksisociety@gmail.com

Date :

To,  
All Students, Parents & Guardians

We have been supporting all our Shia students for school education. Due to the problems internationally, we have funds constraint. Last year, we faced very large deficit, but we fulfilled our commitments to the students.

It is our humble request to kindly follow the guidelines as given below:

- Please do not make an application if you can afford. You will be priving deserving students.
- We have known that people are given wrong statements especially regarding income. Please note that we will reject the Forms and once rejected, that student and family will never get any assistance in future.
- The Society reserves that right to reject any application without giving any reason. Hence, please do not come and argue and waste our time. The decision taken by the Managing Committee shall be final.

Please not that you have to sign this Form for having read & understood the matter and send along with your Application Form.

**Mr. Murtuza S. Mewawala**  
for the Managing Committee  
K.S.I. Medical Aid & Welfare Society

### Declaration :

I have read and understood the above and I shall abide by the same.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent / guardian