Form Fees Rs. 10/- (Ten) Only.

Date. -----

Contact No: 9733537478/9775160566

KRISHNACHANDRAPUR YOUTH COMPUTER TRAINING CENTRE

A Government of West Bengal Initiative
(Under the Directorate of Youth Services)
Krishnachandrapur Bazar, (Near S.B.I.) Mathurapur – I Block, South 24 Parganas.

PASSPORT SIZE PHOTOGRAPH OF STUDENT

APPLICATION FORM FOR SCHOLARSHIP EXAM. FOR MERITORIOUS STUDENTS

Session of 20..... to 20...... 1. Applicant's Name. (in Block Letter) ------2. Father's/Mother's Name -------3. Address :- ------4. Date of Birth: -----/----- Male/Female ----- Contact No.-----5. Name of School.----- Class.----- Class.-----6. Last Examination Passed ------ Year----- Total Marks Obtained ----- % of Marks-----7. Annual Income of the Parents ------ Occupation of Guardian -----I do hereby apply for Scholarship Examination for the year 20...... to 20......in response to the advertisement and I do hereby declare the information given above is correct. Signature of the Student **TO WHOM IT MAY CONCERN** Certified that -----(Name of Student) is a bonafide student of (Name of the school) ------ of P.O. ------ Block-------. He /She read in Class ------Sec.-----Sec.------Roll No. -----in the Academic Session 20-----. I wish him /her all the best. Signature of Head of the Institution (Seal) **%**== **ADMIT CARD** PASSPORT SIZE FORM NO:-PHOTOGRAPH OFFICE USE ONLY OF STUDENT # Name of Student ------ Class -------# Examination Centre ------Exam. Date ------# Exam. Hall No. ------ Exam. Seat No. -----Time ------Duration-- 01 Hour. Signature of Student Signature of Exam. Head (Office Seal) FORM NO:-**RECEIVED COPY** # Name of Student ------ Class ------ Class

Received with Signature (Office Seal)