Application Form SHRI MAHAVIRA JAINA VIDYALAYA RESIDENTIAL LOAN SCHOLARSHIP (All details are Mandatory)

To,

The Hon. Secretaries, ShriMahaviraJaina Vidyalaya

Head Office: 1ST Floor, Shri Vasupujya Swami MandirMarg, Juhu Lane,

C.D.Barfiwala Road, Andheri (W), Mumbai - 400 058. Mobile: +91 96531 79150, Phone: 022-26250 376 / 381 / 672

Email: headoffice@smjv.org, Website: www.smjv.org

Dear Sirs,

Affix Recent passport size photograph.

I, hereby apply for Resident Loan Scholarship for study in Vidyalaya atbranch									branch.		
			PART	(1): S	tudent's De	etails:					
Name		(First Nar	ne) (Middle	e Nan	ne) (Su	rname)				
Contact Nos.		(Mob.) (R)									
APPLI./GR.NO.					Room No.:		SMJV Connect : YES / NO (If not registered, then Please do it)				
Student Email id:				FIO	Floor No.: (If not re			registere	a, men i	riease do itj	
PART (2): SMJV Loan Details:											
							UCATIONAL LOAN FROM SMJV DETAILS				
YEAR		AMT.	REFUND	1	BALANCE		AMT.		UND	BALANCE	
TOTAL											
Have your Broth	er/S	Sister receiv	ed any SMJV Lo	an Scl	holarship : -	If yes,	please m	ention tl	he detail	s bellow.	
Name				Year		Α	Amount (Rs)		Refund Amt. (Rs.)		
PART (3): Other Contact Details: {OTHER THAN REFERENCES}											
Particulars	articulars Nar		Name	ı	Mobile No.			Email ID			
Paternal											
Uncle (Kaka)											
Maternal Uncle (Mama)											
Room Partner											
Hostel Friend											

		PART (4): References Details:					
	_	Reference No. 1.					
Name							
Permanent Postel							
Address with Pin							
Code							
	(Mob)	(Tel.)					
Contact Nos.	Email ID. :						
Other Details	DOB:	Income P.A.:					
		NA VIDYALAYA, the repayment of the Resident loan Scholarship amount					
andstand as Guarant Signature:	or for the same.						
Signature :		Reference No. 2.					
Name							
Permanent Postel							
Address with Pin							
Code							
	(Mob)	(Tel.)					
Contact Nos.	Email ID. :						
Other Details	DOB :	Income P.A.:					
I, Guarantee to SHRI andstand as Guarant		NA VIDYALAYA, the repayment of the Resident loan Scholarship amount					
Signature :	or for the same.						
o.gataro.	PAR	T (5): Declaration by Parent & Applicant:					
I hereby declare tha		this form are true and correct to the best of my knowledge.					
•		/ daughter / ward to avail resident loan scholarship.					
=	If my Resident loan Scholarship is approved, I agree to abide by the terms and conditions of the						
SMJV – Resident Lo	•	bearers/Trustees informed of our correct address and that of my					
	•	ommenders from time to time.					
We will submit requ		ts duly completed.					
Name of Parent/Gu							
Signature of Parent,	/Guardian						
Name of Applicant							
Signature of Applica	ant						
Date:		Place:					
		OFFICE USE ONLY					
Hon. Secretary Name							
Signature of Hon. Sec	retary						
Superintendent Name	e						
Signature of Superint	endent						
Date :		Branch:					