



ACHARYA JIALAL VASANT SANGEET NIKETAN

(Estd. 1932)

Scholarship Application Form

1. Student Name:
2. Date of Birth:
3. Course:
4. E-mail Address:
5. Mobile No.:
6. Landline No.:
7. Name Of Father:
8. Name of Mother:
9. Name of Present Guardian:
(His relationship with the student if parents are not alive)
10. **Details of condition: (Tick as applicable)**
 - a) Autism:
 - b) Down Syndrome:
 - c) Dyslexia/ Dyspraxia (please specify below):
 - d) Visual Impairment (please specify below):
 - e) Handicap (please specify below):

Self
Passport Size
Photo

Details of condition:

Signature of the Father/ Mother/
Guardian with Date

Encl.:

1. **Copy of Medical Certificate**
2. **Proof of Permanent Residence**

