JAIN SOCIAL GROUPS FEDERATION FOUNDATION



Application Form For Higher Education Assistance Scheme

(To be filled in CAPITAL letters only & All Details are mandatory)

	For	
Date:	Office Application No.:	
Place:	Use	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	only Remarks:	
To, Chairman / Trustees,		Kindly Affix Latest
JAIN SOCIAL GROUPS FEDERATION		PHOTOGRAPH
Adm. Office: 4/O-P, Vijay Chambers, 4th F		of the Student
ribhuvan Road, Opp. Dreamland Cinema,		in this Box
Tel.: (022) 2387 07 24 • Telefax: (022) 23	89 18 84	(Do not Staple)
E-mail: jsgif.jsgif7@gmail.com		
Dear Sirs,		
hereby request you to grant me interest free	loan as per your norms for pursuing m	v higher Education Studies in
		st graduate: Faculty/Course).
PERSONAL DETAILS:		
Student Information:		
1. Name: Mr./Ms.		
(First Name)	(Father's Name)	(Surname)
2.Birth Date: /		1
2.Birth Date: / /	(Month:M M M M M M M M)	(Year: Y Y Y Y)
3. Phone No. (M)	E-mail :	
4. PresentAddress:		Page 1
Daniel Consideration and the second		
Parent / Guardian Information:		
1. Name: Mr./Ms.	(F. II. II. II. II. II. II. II. II. II. I	
(First Name)	(Father/Husband's Name)	(Surname)
2. Occupation: (Please specify with Details: Bu	usiness / Professional / Service, etc.)	
3. Annual Income: Rs.	i e e e e e	
4. Family Assistance: Rs	per annum	for my Education Expenses
5. Present Address:		
6. Phone No.(R)	(0)	
	E-mail:	
	District / State:	
	/es Group Name:	

EDUCATION / CAREER ACHIEVEMENTS:

Examination / Course	Passing Details	Marks / Grade			Institute / University Name		
Passed / Cleared	Month & year	Secured	Out of	%	from where passed		
X th Std. or Equivalent		9					
XI th Std. or Equivalent							
XII th Std. or Equivalent				, ,			
	2						
			-				

(Submit copies of Marks Sheets for the Examinations / Course / Special Exams like CET, etc. cleared till date.)

DETAILS OF PROPOSED / COMMITTED HIGHER EDUCATION STUDY FOR WHICH LOAN IS APPLIED:

*	Course	•		,		
			(Submit rele	evant Admission Letter o	r Equivalent e	vidence)
*	Duration	:	Years. Starts:		Ends:	
				(Month & Year)		(Month & Year)
*	Institute Name					
	Institute Address	:	11.286.300		=	
*	Affiliated to University	•				

PROPOSED / COMMITTED EDUCATION EXPENSES DETAILS:

Sr.		Expenses Details	Actual / Approx.	Remarks / Other Details	
No.	Date	Against / Head	Amount of Expenses	Kemarks / Other Details	
1					
2					
3				v i	
4					
5					
6					
	TOTAL				

(Submit relevant Institute's Course Brochure / Literature with Expenses & Payment Schedule).

DETAILS OF ARRANGED FINANCE / ASSISTANCE:

Sr.		Revenue Details	Amount			
No.	Head	Organization Name	Applied	Sanctioned	Disbursed	
1	Self	Own Resources / Family / Relatives, etc.				
2	Bank		2 x			
3	Institute	ν.				
4	Institute		*	a		
5		4	**			
6				۲		
	TOTAL					

(Submit copy of relevant sanction letter & Disbursement schedule)

TWO REFERENCE (From Jain Coomunity, not related to the Student): ♦ Details of 1st Referral: 1. Name: Mr./Ms. (Father/Husband's Name) (First Name) (Surname) 2. Member of JSG: Yes No (If Yes Group Name:_____ 4. Phone No.(R)_____(O)____ E-mail:_____ ♦ Details of 2nd Referral: 1.Name: Mr./Ms. (First Name) (Father/Husband's Name) (Surname) 2. Member of **JSG:** Yes No (If Yes Group Name:_____ 4. Phone No.(R)______(O)_____ (M) E-mail: Self Attested Documents Submitted herewith (Tick Appropriately): * For Applicant Student: ❖ For Parent / Guardian: ☐ Latest Rent / Maintenance Receipt Ration Card PAN Card ☐ PAN Card ☐ Latest Paid FEE Receipt ☐ Latest Residence Elecrticity / Telephone Bill Remarks / Mention any Special Details: We hereby, the Applicant Student & Parent / Guardian, confirm that we have read the rules, regulations, terms & conditions of JAIN SOCIAL GROUPS FEDERATION FOUNDATION and agree to abide by the same and further promise to furnish any details/information as & when called for and bring all documents at the time of interview. Signature of Parent / Guardian Signature of Applicant Student (Full Name:______) (Full Name:______) (In case of Guardian, specify relationship with the Applicant Student:

RECOMMENDATION / VERIFICATION FROM JSG ORGA	NIZATION (Office Bearer only):					
♦ Full Name: Mr./Ms.:						
♦ Designation:						
♦ Group Name & No.:						
♦ Remarks / Details:						
2 SA 2 165 FE	<u>An entering</u>					
I hereby recommend the loan application of Mr./Ms						
for his/her higher studies.						

Signature of Recommending
Office Bearer of JSG Organization
Date:



JAIN SOCIAL GROUPS FEDERATION FOUNDATION

Jain Social Groups
Federation Foundation
Grow more to Serve more

TERMS AND CONDITIONS FOR HIGHER EDUCATION ASSISTANCE SCHEME

- The applicant should fulfil a minimum standard of Graduation or equivalent of any recognized Indian University.
- 2. The applicant must have secured 60% or more marks in all the Board / College / University Examinations commencing from standard 10th till last examination.
- 3. A. Application must be made by the candidate in prescribed form of JAIN SOCIAL GROUPS FEDERATION FOUNDATION.
 - B. Trustees will sanction such amount as they may deem fit on merits of individual case.
 - C. Applicant should arrange & give an assurance that he / she has arranged /obtained at least 50% of total study expenses from other sources.
 - D. Applicant must have secured admission in a recognized college / institution for further studies. Certified Xerox Copy of such admission must be provided to FOUNDATION.
 - E. The applicant shall have to produce a certificate of good health and fitness from recognized medical practitioners / doctors.
 - F. The applicant who has been given financial assistance will have to submit a certified copy of the progress report / marks every six months till completion of course/study.
 - G. The applicant must inform the change in his / her address and after completion of study his / her contact nos, E-mail (if changed), etc. when it occurs.
 - H. After completion of his / her study he / she must furnish the relevant details of job / employment. It's address, contact nos., etc.
 - I. Trustees reserve rights to decide (a) Quantum of financial assistance or reject without giving reasons (b) Changes in rules & regulations in this regard, if necessary & as & when required.
 - J. Trustees reserve right to cancel the application if not fully filled with all enclosures, etc.
 - K. Education Assistance Amount will have to be returned after completion of study/course in 24/36 equal monthly installments.