



## The Mandayam Srivaishnava Sabha (R)

Sri Yadugiri Yathiraja Mutt Building, #198, 11<sup>th</sup> Cross, Sampige Road, Malleswaram, Bangalore 560003  
Website: [www.mandayamsabha.in](http://www.mandayamsabha.in) Email: [secretary.mandayamsabha@gmail.com](mailto:secretary.mandayamsabha@gmail.com) Tel: 080 41535970

### APPLICATION FOR MERIT AWARD

{Form C}

(Only for the Members of the Sabha and their children, incomplete application is liable for rejection)

Stamp  
size  
Photo

15. Name

2. Gender:  M  F 3. Gothram:  4. Family Name:

5. Date of Birth(DD/MM/YYYY):  /  /  Sabha  
Memb. No.:

6. Father's Name in full:

7. Mother's Name in full:

8. Address: Door No.:  City:

Street:  State:

Area:  Pin:

9. Email:  10. Mobile No.:

11. Land Line No.:

12. Merit Status:

Sl	Category	Tick	Year of Passing	Marks (%)	Distinction /Class	Qualification	School/College	Board/University
1	SSC/ICSE/CBSE							
2	PUC – Final							
3	Graduation – Final							
4	Masters							
5	Doctorate							
6	Special							

**NOTE: ATTACH TRUE COPY OF MARKS SHEET AND ANY DISTINCTION/MERIT AWARD CERTIFICATE**

13. Have you received any Merit award from "Sabha" (If Yes):

i. Category  ii. Year

14. Any other Merit Award awarded to you:

15. Extra Curricular Activities (Sports, Cultural etc.)

**NOTE: Enclosed are relevant Proofs  
Please fill in all the columns. In Capitals**

**Applicant's Signature**

**For Office Use Only:**

Application Received Date:

Amount sanctioned:

If rejected reason:

**Approved by**

**Received the Amount**

**Name & Signature of  
Sanctioning Authority**

**Applicant's Signature**

# ANNEXURE

Declaration annexure to the application for Merit Scholarship:

## DECLARATION

I \_\_\_\_\_ the undersigned declare hereby that this application of my ward for 'Educational Aid' is in order and the information provided by me is true to the best of my knowledge.

\_\_\_\_\_  
**Signature of the Applicant/Beneficiary**

**Name:**

**Membership No.:**

**Date:**

\*\*\*\*\*

**Declaration by the Proposer:**

## PROPOSAL

I \_\_\_\_\_ the undersigned Donor/Patron No. \_\_\_\_\_ declare hereby and propose \_\_\_\_\_ that his/her application is in order and propose and recommend to consider his application for Endowment under the category 'Merit Scholarship'.

**Signature of Proposer**

**Name**

**Membership No:**

**Date:**