



KARAVALI GROUP OF COLLEGES

(AFFILIATED TO MANGALORE UNIVERSITY & RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BANGALORE & RECOGNISED BY GOVERNMENT)
Sponsored & Managed by G.R. Education Trust (Regd.)
N.H 17, Near Kottara Chowki Junction, Bangra Kuloor, Mangalore-575 013, Karnataka
Phone : 2455656 / 2452931, Fax : 0824 - 2455656, Mobile : 098450 - 82990
E-MAIL: info@karavalicollege.ac.in Website: http:// karavalicollege.ac.in

APPLICATION FOR SCHOLARSHIP / FEE CONCESSION

INSTRUCTION TO APPLICANTS :

1. Complete all entries in legible and block letters.
2. Attach the application for admission along with relevant documents:

Affix
Photograph
attested by
Gazetted
Officer

PERSONAL DATA

Name of Candidate _____
(Block letters; as entered in certificates of qualifying examination)

Date of Birth _____ Place of Birth _____
Day Month Year City Country

Father's Name _____

Father's Occupation _____ Mother's Occupation _____
Income

State whether Teacher / Military / Media / Agricultrist / Other

Permanent Address _____

E-mail _____ Phone: _____ STD Code _____

Whether Handicapped _____ If Yes Details: _____

Religion _____ State whether SC / ST / BC / Minority
Mention Sect. _____

Languages _____
Mother Tongue Known

EDUCATIONAL DATA

Qualifying Examination Passed _____

University / Board _____

Percentage of Marks _____

Course Applied for: _____

DECLARATION BY CANDIDATE AND PARENT OR GUARDIAN

- I hereby state that I have filled this form myself and to the best of my knowledge and belief the particulars given above are true.
- I hereby undertake to abide by the decision of selection committee and management of the college and I also hereby declare I accept their decision unconditionally.
- I hereby undertake that I will definitely take admission in your Institution if I am selected for any of the scholarship schemes.

Place :

Date :

Signature of the parent / Guardian

Signature of applicant