BANGALORE BRANCH OF SIRC OF THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

APPLICATION FORM FOR GRANT OF SCHOLARSHIP

| The Chairman |
|----------------------------------|
| Bangalore Branch of SIRC of ICAI |
| No. 16/O, Millers Tank Bed Area |
| Bangalore – 560 052 |

Dear Sir,

I hereby apply for the grant of Merit-cum-Need Scholarship under the Bangalore CA Students' Education Fund. I give below the relevant particulars for your consideration. I understand that the information contained herein forms the basis for the grant of the scholarship and that, if the information is found to be wrong, the scholarship may be withdrawn immediately without prejudice to the recovery of the amounts already advanced to me.

PARTICULARS

| 1. Name in full (CAPITAL LETTERS): | |
|------------------------------------|--|
| 2. Registration No. | |
| 3. Date of Birth | |
| 4. Full Address | |
| | |

| (a) Present | |
|---|---|
| (b) Permanent | |
| (b) remailent | |
| 5. (a) Father's/Guardian's Name in full: | |
| • | ns of livelihood). Please furnish below the name at held, name of the firm and nature of business |
| Carried on or other relevant particulars as may | |
| | |
| | |
| 6. Total yearly income of parents/guardian from | om all sources: |
| (Enclose Income Certificate) | |
| 7. Particulars of passing the University Exar | mination and/or Foundation/CPT PE-I/PE-II Cours |
| Examination of the Institute. | |
| (i) Examination passed: | |
| (ii) Name of the University/Institution: | |
| (iii) Aggregate of marks secured in Degree Co | ourse: |
| (iv) Percentage of marks: | |
| (Please enclose photocopies of marks sheets | of I, II, III years of Degree Examinations and X and |
| XII marks sheets / Foundation, PE - I / PE - I | II Examinations. Also CPT / IPCC marks sheet). |

| 8. (a) Name, Membership Number and address of the Chartered Accountant under whom the candidate is receiving training under the Chartered Accountants Regulations. (if applicable) | | | | | |
|--|---|--|--|--|--|
| | | | | | |
| (b) Date of Commencement of Articles: | | | | | |
| (c) Date of completion | | | | | |
| (d) Date of first eligible attempt for Exam | | | | | |
| 9. Particulars of the Scholarship or financial assistance | received from other sources: | | | | |
| Name of the Institution | | | | | |
| AmountPeriod | | | | | |
| 10. List of the documents attached. | | | | | |
| (i) | | | | | |
| (ii) | | | | | |
| (iii) | | | | | |
| I hereby declare that the statements made by me in this | application form are true to the best of my | | | | |
| Knowledge and belief. I further agree to abide by the | terms and conditions of the award if I am | | | | |
| selected for the Scholarship applied for. | | | | | |
| | | | | | |
| | | | | | |
| X | | | | | |
| (Signature of the student) | | | | | |
| Place | Date | | | | |

(For students undergoing Articled Training)

| service as an articled/audit Assistant fromand that he/she would be completing the prescribed period of training under the Chartered Accountants Regulations on X (Signature of the Member) Full Name: | Certified that Shri/Ms. | | | | was | admit | ted i | n our |
|---|--|-----------|----|----------|------|-------|-------|-------|
| X (Signature of the Member) Full Name: Membership No: Name of the Firm: | service as an articled/audit Assistant from | | | | | | | and |
| X (Signature of the Member) Full Name: Membership No: Name of the Firm: | that he/she would be completing the prescrib | ed period | of | training | unde | r the | Char | tered |
| X (Signature of the Member) Full Name: Membership No: Name of the Firm: | Accountants Regulations on | · | | | | | | |
| (Signature of the Member) Full Name: Membership No: Name of the Firm: | | | | | | | | |
| (Signature of the Member) Full Name: Membership No: Name of the Firm: | | | | | | | | |
| (Signature of the Member) Full Name: Membership No: Name of the Firm: | | | | | | | | |
| (Signature of the Member) Full Name: Membership No: Name of the Firm: | | | | | | | | |
| (Signature of the Member) Full Name: Membership No: Name of the Firm: | | | | | | | | |
| (Signature of the Member) Full Name: Membership No: Name of the Firm: | X | | | | | | | |
| Full Name: Membership No: Name of the Firm: | | | | | | | | |
| Membership No: Name of the Firm: | (Signature of the Member) | | | | | | | |
| Membership No: Name of the Firm: | | | | | | | | |
| Membership No: Name of the Firm: | | | | | | | | |
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| Membership No: Name of the Firm: | | | | | | | | |
| Membership No: Name of the Firm: | | | | | | | | |
| Name of the Firm: | Full Name: | | | | | | | |
| Name of the Firm: | | | | | | | | |
| | Membership No: | | | | | | | |
| | N. C. T. | | | | | | | |
| Address: | Name of the Firm: | | | | | | | |
| Address: | A ddagge. | | | | | | | |
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| Date | Date | | | | | | | |

BANGALORE BRANCH OF SIRC OF THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

BANGALORE CA STUDENTS' EDUCATION FUND

ELIGIBILITY CRETARIA FOR GRANTING OF SCHOLARSHIP TO CA STUDENTS

- > Students should have registered for articles in Bangalore jurisdiction/Karnataka State
- > Students should have passed CPT/PE-I/PE-II preferably in first attempt
- Annual Income of their parent's should not exceed 1.50 Lakhs per annum
- Relaxation for deserving students (in case of meritorious students) irrespective of their
- Parent's income exceeds Rs.1.50 Lakhs per annum
- ➤ Physically handicapped students will be given preference irrespective of their parents income exceeds Rs.1.50 Lakhs.
- > Scholarship Committee decision is final for granting of Scholarship to students.