	GCT ALUMNI ASSOCIATION							
0	Application Form for Scholarship							
1	NAME & ROLL NUMBER							
2	DATE OF BIRTH							
	BRANCH & SEMESTER YEAR OF STUDY	_						
	TEAR OF STUDY	-						
3	FATHER'S NAME							
	OCCUPATION	=						
	ANNUAL INCOME	1						
	INCOME CERTIFICATE							
4	MOTHER'S NAME							
	OCCUPATION							
	ANNUAL INCOME							
<u> </u>	INCOME CERTIFICATE							
5	CATEGORY	OC ST	BC	BCM	MB	C	SC	
6	BROTHER'S & SISTER'S DETAILS							
7	PERMANENT ADDRESS							
8	CONTACT NO							
9	E-MAIL ID							
10	ACCOUNT NO							
11	% OF ATTENDANCE							
12	MARKS OBTAINED IN THE EXAMINATIONS							
13	DETAILS OF SCHOLARSHIP AVAILED IF ANY	State Govt. Scholarship		Central Govt. Scholarship		Other	r Scholarship	
		Previou s Year	This Year	Previou s Year	This Year	Prev ious	This Year	
	AMOUNT		-			Year		
14	FEES TO BE PAID:					<u>A</u> N	MOUNT (Rs.)	
	A) College Fees							
	b) Exam Fees							
	c) Establishment Fees							
	d) Room Rent							
	e) Mess Bill							
	TOTAL							
15	AMOUNT RECEIVED AS SCHOLARSHIP							
16	BALANCE AMOUNT REQUIRED							
17	SIGNATURE OF THE STUDENT							
18	FACULTY ADVISOR REMARKS							
19	HOD RECOMMENDATION SIGNATURE							
20	AMOUNT RELEASED BY GCT ALUMNI ASSOCIATION							