**SHRI MATUNGA KAPOLE SHREYAS MANDAL**

[Established: 1958 RegnNo.E 711 (Bombay) Dt. 27.08.1960]

**KAPOLE SHREYAS MANDAL RELIEF TRUST**

(Regn. No. E 7325 Mumbai Dated 25.10.1979 & 083780777 Dt.27.03.2001 under F.C. Act, 1976)

**4-5, Shantiniketan, 322, Dr. Ambedkar Marg, Matunga, Mumbai 400019.**

**(Office Hours: 10.00a.m. to 1.00p.m. on Monday, Wednesday & Friday Only.**)

**(Inquiry Phone: 022-24145830, Messages on Mob. 8655 667400 – Do Not Call On Mobile)**

**APPLICATION FORM OF COACHING FEES FOR STD 8- 15**

|  |  |  |  |
| --- | --- | --- | --- |
| Registration No. |  | Student Code |  |
| Name of Student |  |  |  |
|  | (Surname) | (Name) | (Middle) |
|  | Student | Father | Mother |
| Aadhar No |  |  |  |
| DoB (dd / mm / yyyy) |  |  |  |
| WhatsApp No. |  |  |  |
| 2nd Mob No. |  |  |  |
| E-Mail ID |  |  |  |

|  |  |  |
| --- | --- | --- |
| FAMILY DETAILS | Father | Mother (Piyar) |
| Name |  |  |
| Education |  |  |
| Native |  |  |
| Cast – Community |  |  |
| Yearly Income |  |  |

***BANK DETAILS***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF A/C HOLDER/S |  | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNT NO. |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  | |  |  |  | |  |
| NAME OF BANK |  | | | | | | | | | | | BRANCH | | | |  | | | | | | | | |
| CITY/TOWN |  | | | | | | | | | | | STATE | | | |  | | | | | | | | |
| BANK’S IFSC CODE |  | |  | | |  | |  | | 0 | |  | |  | | |  | |  | |  | |  | |

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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACADEMIC DETAILS | | | | | | | | |
| STD IN LAST YEAR |  | Grade / Percent |  | | STD IN CURRENT YEAR |  | Medium |  |
| Name of Coaching Class/  Private Tuition | |  | | | | | Total Yearly Fees |  |
| Paid Amount of fees | |  | | Balance Amount of fees | | |  | |
| Cheque in the name of | |  | | | | | | |
| Trust RESERVES its right to reject the application and have discretion so as to quantum of relief amount without assigning any reason. | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| STAMP OF RECOMMENDING MANDAL | Father / Mother Signature |  |
| Name of Person Signing for Mandal |  |
| Person’s Mobile No. |  |

**NOTES :**

1. **Submission of certified copy of Last Year Result, Proof of Admission in the Current Year and copy of Fee Receipt is Mandatory**
2. **Preference will be given to the student who has secured marks above 75 % or CGPA above 7.5**
3. **The recommendation by Local Kapole Mandal of his / her area is Mandatory**
4. **Payment will not be made in CASH and will be made by NEFT in favour of parent / college only.**
5. **FORM with Incomplete or False Information will be REJECTED.**
6. **Trust reserves its right to reject the application and have discretion so as to quantum of relief amount without assigning any reason.**
7. **The Trust may give awards to Kapole students who have wo**
8. **3n any merit prize in any particular subject or secured within top Ten Rank in your university. If you are in this category, please submit on a separate plain paper all the particulars & its relevant proof.**