

DROPS

MSM SCHOLARSHIP

APPLICATION FORM

MSM KERALA, MARKAZUDAWA, RM ROAD, CALICUT-2, 0495 4020375

PHOTOGRAPH

For your information

1. This form is available from MSM State Committee Office or from official website www.msmkerala.org
2. This scholarship is for Muslim students of Arts & Science College, Engineering and Medical College, Arabic College and Law College.
3. Recipients of any other scholarships are not entitled to apply.
4. The information given in item 4 under Academic section of this form must be supported by self attested copies of all mark lists.
5. Attach a course and conduct certificate from the head of institution.
6. Selected candidates will be informed either by post or by phone. No enquiry in this regard will be entertained.
7. The filled up forms should reach MSM State Committee Office by 10th November 2016.

A. Personal Data

1) Name of the Applicant	
2) Postal Address	
3) Phone No	Resi: Mob:
4) E-mail ID	
5) Whether father is alive, Yes?No	
6) Name of Parent / Guardian	
7) Relationship with Guardian	
8) Postal address of Guardian	
9) Mobile no. of Guardian	
10) Occupation	
11) Relation with MSM	

B. Family Information

Sl. No	Members of Family	Relationship	Age	Job	Yearly Income

Monthly income of Family (from all sources) :

C. Academic and Related Information

1. Name of College / Institution :

2. Address of College / Institution :

3. Study Course (Full Name) :

4. Detail of Marks obtained :

Exam Attended	Marks %
SSLC	
Plus 1	
Plus 2	
Year I	
Year II	
Year III	
Year IV	
Year V	

5. Annual Fees for the Course : Rs

6. Extracurricular Interests / Hobbies :

- 7. Your aspirations after completing the course :
- 8. Any other information strongly supporting the request of Scholarship :
- 9. Whether in receipt of any other scholarship Yes / No :

D. Reference

- 1. MSM Unit :
- 2. Name of Secretary / President of MSM Unit Committee :
- 3. Address of Secretary / President of MSM Unit Committee :
- 4. Contact Number of Secretary / President of MSM Unit Committee :

Name and Signature of Reference

Designation:

I hereby declare that all the information given above are true to my best knowledge.

Date :

Signature of the applicant

For Office Use

Date : Secretary: Total Index:
 For the Year : Name & Signature: