

Ivy City, PO- Kamlanagar, Shimla (HP)-171006

COVID-19 SCHOLARSHIP APPLICATION FORM (2022-23)

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	Affix passport size photograph of Father		pho	passport size otograph of Mother		Affix passport size photograph of Student	
	the Parent expired to COVID-19	Age	Date of Demise	Relation wi	th Child	Remarks	
Parent 1							
	Parent 2						
Student Details Class Applied For Academic Session							
Student's Complete Name							
Date of Birth (In Figures) DDMMYYYY Date of Birth (In Words)							
Age as on							
Nationalit	у		Mo	other Tongue			
Religion Category (SC/ST/OBC/GEN/Others							
Gender (Please Tick) (M /F /Others) Blood Group							
Permaner	nt Address						
DisttStatePIN							
Correspondence Address							
Distt			State	PIN			

ACADEMIC RECORD (LAST 3 YEARS)

S.No.	Previous School Name	Location	Class	Board	Subjects	% Marks

Family Details

Father's Name		
Contact No.	Email ID	
Mother's Name		
Contact No.	Email ID	
Family Annual Income	Income Proof Attached (Yes/No) _	
If Yes, please mention details of Proof		
Guardian's Name		
Relation with child		
Contact No.	Email ID	
Guardian's Annual Income	Income Proof Attached (Yes/I	No)
If Yes, please mention details of Proof		
Contact No.	Email ID	
I/We hereby declare that the information	provided is true and correct. (Yes/No)	
I/We understand that this is an application	n form not a guarantee for admission. (Yes/No)
(Signature of Father/Mother)		(Signature of Guardian)
Date:-		Nate:-

Kindly Note:

- 1. This is just an Application Form and hence not a guarantee for admission.
- 2. Incomplete form will not be accepted.
- 3. Filled up Application Form is to be mailed at admissions@ivyshimla.com.