THE AKIRA FATHIMA JOSE & AKISHA FATHIMA JOSE SCHOLARSHIP

APPLICATION FORM

(For a candidate from a family in which a member is presently undergoing treatment for cancer, or a family that has lost a member to the disease)

Academic Year: 2026 – 2027

1. Personal Details

Name of the Applicant:
_____

Date of Birth: _____

Age (in years): _____

Permanent Address:
_____

_____

Contact Number: _____

Alternative Contact Number: _____

Email ID: (Mandatory) _____

Aadhaar Number: (Mandatory) _____

Affix recent passport-size photograph here

2. Family Health Details

Applicant's family circumstance (tick one):

- ☐ A member of the family is presently undergoing treatment for cancer
- ☐ The family has lost a member to cancer

Name of the family member affected:
_____

Relationship of the family member to the Applicant: _____

Name of the Hospital / Treating Institution: _____

Date of diagnosis, or date of demise (as per death certificate): _____

Name of surviving parent / present guardian: _____

Relationship of guardian to the Applicant: _____

3. Educational Details

10th Std. — Marks Obtained: _____ Percentage: _____

12th Std. — Marks Obtained: _____ Percentage: _____

Year of Passing (10th): _____ Year of Passing (12th): _____

Degree Course Applied For / Pursuing: _____

Name of the College / Institution: _____

Admission / Allotment Order No.: _____

4. Family & Income Details

Occupation of Guardian / Surviving Parent: _____

Annual Family Income: ₹ _____ *(as per Income Certificate)*

Community Certificate No.: _____

5. Bank Account Details (in the Applicant's own name, for disbursal)

Bank Account Holder's Name: _____

Bank Name: _____ Branch: _____

Account Number: _____ IFSC Code: _____

6. Attachments Checklist

(tick as enclosed)

- ☐ Medical certificate from the treating hospital confirming the diagnosis and treatment of cancer, or the death certificate where a family member has lost his or her life to the disease
- ☐ Aadhaar card copy of the applicant
- ☐ Community certificate
- ☐ Income certificate issued by the Revenue Department
- ☐ Mark sheet of the 10th standard examination
- ☐ Mark sheet of the 12th standard examination
- ☐ Bonafide certificate from the college, and the admission / allotment order

- ☐ Bank account particulars in the applicant's own name
- ☐ One passport size photograph
- ☐ A short self-introductory letter (not more than 250 words)

7. Terms and Conditions

1. The decision of the Scholarship Selection Committee shall be final and binding on all applicants.
2. The applicant should not be receiving, or concurrently availing, any other scholarship or financial concession from any other source for the same academic year.
3. Incomplete application forms will be summarily rejected.
4. Any attempt, direct or indirect, to influence the Scholarship Selection Committee will result in the rejection of the application.
5. The applicant shall furnish any additional document called for by the Foundation, within the time allowed.
6. The Foundation reserves the right to cancel or withdraw the award of this scholarship at any time, without prior intimation.

8. Declaration

I hereby declare that the particulars furnished above are true to the best of my knowledge and belief. I have read and understood the terms and conditions stated above and agree to abide by them. I understand that any false information, or any breach of these conditions, may lead to the rejection of my application or to the cancellation of the scholarship already awarded.

Place: _____ Signature of the Applicant: _____

Date: _____ / _____ / _____

For Office Use Only — Application received on _____ / _____ / _____ | *Verified by:* _____ | *Remarks:* _____