



SIMON FOUNDATION

In Memory of Honourable Lourdhammal Simon



WAVES OF WELFARE AND PROGRESS

THE HONOURABLE ALEXANDER MANUEL SIMON SCHOLARSHIP

APPLICATION FORM

(For Students of the Fisherman Community Pursuing Postgraduate Studies)

Academic Year: 2026 – 2027

1. Personal Details

Name of the Applicant: _____

Father's / Guardian's Name: _____

Mother's Name: _____

Date of Birth: ____ / ____ / ____ Gender: ☐ Male ☐ Female ☐ Other

Permanent Address: _____

Contact Number: _____ Alternative Contact Number: _____

Email ID: _____ Aadhaar Number (Mandatory): _____

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passport-size
photograph here

2. Community Details

Fisherman Community Certificate No.: _____

Issued By: _____

Date of Issue: ____ / ____ / ____

3. Educational Details (Undergraduate & Postgraduate)

Undergraduate Degree / Course Completed: _____

Name of the University / College (UG): _____

Year of Passing (UG): _____ Percentage / CGPA: _____

Postgraduate Course Applied For / Pursuing: _____

Chairman: Hubert D. Simon • Secretary: Dr. John Majel P • Treasurer: Jeevan Raj • Trustee: Dr. Isias

Reg. No. BK4/71/2023 | 4/124, Azad Nagar, Colachel – 629 251, Kanyakumari District, Tamil Nadu

Phone: 04651 – 225572, 9655784312 | lourdhamsimonfoundation@gmail.com



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Name of the College / University (PG): _____

Year of Admission (PG): _____ Present Year / Semester: _____

Admission / Bonafide Certificate No.: _____

4. Family & Income Details

Father's Occupation: _____

Mother's Occupation: _____

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

Number of Dependents in the Family: _____

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)

- ☐ Fisherman Community Certificate
- ☐ Income Certificate issued by the Revenue Department
- ☐ Aadhaar card copy of the applicant
- ☐ Consolidated mark sheet / degree certificate of the undergraduate course
- ☐ Bonafide certificate / admission order of the postgraduate course
- ☐ 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. Two candidates will be selected each academic year under the Honourable Alexander Manuel Simon Scholarship.



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2. Each selected candidate will be paid Rs. 25,000/- (Rupees Twenty-Five Thousand only) per year, for two years, for the duration of the postgraduate course.
3. Candidates must belong to the Fisherman Community and must be pursuing a postgraduate course of study.
4. Continuation of the scholarship in the second year is subject to satisfactory academic performance, regular attendance and good conduct in the institution.
5. The decision of the Scholarship Selection Committee shall be final and binding on all applicants.
6. The applicant should not be receiving, or concurrently availing, any other scholarship or financial concession for the same purpose from any other source for the same academic year.
7. Incomplete application forms will be summarily rejected.
8. Any attempt, direct or indirect, to influence the Scholarship Selection Committee will result in the rejection of the application.
9. The applicant shall furnish any additional document called for by the Foundation, within the time allowed.
10. The Foundation reserves the right to cancel, suspend 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: _____