# SS TOBIAS & DR. GB FERNANDAZ SCHOLARSHIPS

## APPLICATION FORM

*(For First-Year Meritorious Nursing Students from the Fisherman Community, Admitted through Counselling in Government Nursing Colleges in Tamil Nadu)*

**Academic Year: 2026 – 2027**

**Scholarship Applied For (tick one): ☐ SS Tobias Scholarship ☐ Dr. GB Fernandaz Scholarship**

## 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): _____

*Affix recent passport-size photograph here*

## 2. Community & Admission Details

Fisherman Community Certificate No.: _____

Issued By: _____

Date of Issue: ____ / ____ / _____

Name of Government Nursing College: _____

Mode of Admission: ☐ Government Counselling (First Year)

Counselling Allotment / Admission Order No.: _____

Academic Year of First-Year Admission: _____

## 3. Educational Details

10th Standard — Marks Obtained: _____ / _____ Percentage: _____%

12th Standard — Marks Obtained: _____ / _____ Percentage: _____%

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

## 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
☐ Mark sheet of the 10th standard examination
☐ Mark sheet of the 12th standard examination
☐ Bonafide certificate from the college, and the counselling allotment / admission 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. Two candidates will be selected each academic year under each scholarship — the SS Tobias Scholarship and the Dr. GB Fernandaz Scholarship — making four awardees in all.

2. Each selected candidate will be paid Rs. 20,000/- (Rupees Twenty Thousand only) per year, for four years, subject to satisfactory conduct and progress being reviewed each year.

3. Candidates must belong to the Fisherman Community and must have secured admission to the first year of a Government Nursing College in Tamil Nadu through the government counselling process.

4. The economic circumstances of the candidate's family will be taken into account in the selection.

5. Continuation of the scholarship in the second, third and fourth years is subject to satisfactory academic performance, regular attendance and good conduct in the institution.

6. The decision of the Scholarship Selection Committee shall be final and binding on all applicants.

7. 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.

8. Incomplete application forms will be summarily rejected.

9. Any attempt, direct or indirect, to influence the Scholarship Selection Committee will result in the rejection of the application.

10. The applicant shall furnish any additional document called for by the Foundation, within the time allowed.

11. 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 ____ / ____ / _____ | Scholarship applied for: ☐SS Tobias ☐Dr. GB Fernandaz | Verified by: _____ | Remarks: _____*