

CJR Memorial Foundation

Education Sponsorship Application Form

Name of the Candidate: _____

Date of Birth: _____ Age: _____ Gender: ___Male ___Female

Permanent Address: _____

Phone (if any): _____

Jr. College: _____

Name of the Principal: _____

Phone: _____

Year Passed: _____ Class: _____ Percentage of Marks: _____

Fathers Name: _____

Father's Occupation: _____

Annual Household Income: _____

Course applying for: B.Sc. ___MPCS ___MSCS ___MECS ___MPE ___B.Com

Your plans for the future: _____

Do you have an accommodation in Hyderabad? ___Yes / ___No

Who supports for your accommodation & food? _____

References *(Please provide TWO references preferably academic)*

Name: _____ Name: _____

Occupation: _____ Occupation: _____

Relation: _____ Relation: _____

Phone: _____ Phone: _____

Date: _____ Candidate Signature _____ Parent/Guardian Signature _____

Note: Attach two photocopies of your SSC, 10+2 certificate & memos. All the information given in this form is subject to verification. Decision is totally under the discretion of Chairman, CJR Memorial Foundation.

Office Use Only

Application received by: _____ Date: _____

___Information verified ___References Checked ___Year of Admission

If Approved, payment details: Cheque# _____ Amount: _____ Dt: _____

Incharge Signature

Chairman Signature