



DHANDAYUTHAPANISWAMY CHARITABLE TRUST

13/1, MariyappaKonar Street, Podanur, Coimbatore – 641 023.
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EDUCATIONAL SCHOLARSHIP APPLICATION

1. Name of the Student :
2. Date of Birth and Age : M/F
3. 10thStd Total Mark :
4. 12thStd Total Mark :
5. Which Course studying : Arts/Engineering/Medical/.....
6. Required Amount :
7. Aadhaar Card No :
8. Father / Mother Name :
9. Age :
10. Occupation :
11. Monthly Income :
12. Address for Communication :

13. Recommended Person Name and Address:

I hereby declare that the information furnished above is true to the best of my knowledge and belief.

Student Signature

Parent's Signature

Reference Person Signature

OFFICE USE:

Approved / Not Approved

(Approved Amount :)

TRUSTEE

Founder Cum Managing Trustee