## Application form for Scholarship Scheme / Tamil Nadu e - District BC/MBC/DNC

| INSTITUTION NAME            | ALAGAPPA UNIVERSITY       |
|-----------------------------|---------------------------|
| ACADEMIC YEAR               | 2020 - 2021               |
| COURSE                      |                           |
| Year                        |                           |
| Register No.                |                           |
| Name                        |                           |
| Date of Admission           |                           |
| Father Name                 |                           |
| Mother Name                 |                           |
| Date of Birth               |                           |
| Gender                      | Male / Female             |
| Community                   |                           |
| Caste                       |                           |
| Annual Family Income        |                           |
| E - Mail                    |                           |
| Mobile No.                  |                           |
| Permanent Address           |                           |
| District                    |                           |
| Taluk                       |                           |
| Pincode                     |                           |
| Account No                  |                           |
| Bank Name                   |                           |
| Bank Address                |                           |
| IFSC Code                   |                           |
| MICR Code                   |                           |
| Aadhaar No.                 |                           |
| 10th Register No.           |                           |
| 12th Register No.           |                           |
| Hosteller                   | Yes/No                    |
| If Yes                      | Paid Hostel / Free Hostel |
| Hostel Name                 |                           |
| Date of Joining             |                           |
| Differently abled           | Yes/No                    |
| If Yes, eclosed certificate |                           |
| percentage of               |                           |
| Student Signature           |                           |

Principal/Head of the Department