

LILA POONAWALLA FOUNDATION

Leading Indian Ladies Ahead

"Fili Villa", 101/102, Survey No. 23, Balewadi, Baner, Pune 411045
Tel No. +91-20-27224264/65, Mobile: +91-8605861657/8888468670

W/L/2016/25001



Category "L"
Pharmacy

Rs. 200/- Each

PLEASE READ GENERAL INFORMATION AND INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE APPLICATION FORM
LAST DATE OF SUBMISSION OF ALL DOCUMENTS ON OR BEFORE 19th SEPTEMBER, 2016

APPLICATION FORM FOR MERIT CUM NEED BASED SCHOLARSHIP FOR PHARMACY STUDIES IN PUNE DISTRICT FOR INDIAN WOMEN

Please submit your form before 19th September, 2016 at Lila Poonawalla Foundation, 25 Yashwant Colony, Behind Hero Showroom, Nagpur Road Wardha 442001.

PLEASE ENSURE YOU VISIT LILA POONAWALLA FOUNDATION WEBSITE www.lilapoonawallafoundation.com IN DETAIL

For any queries please contact: Ms. Sarika Moon
Contact No.: (07152) 242777 / 243777 / 7030652558
Email: sarika@lilapoonawallafoundation.com

Terms and conditions for scholarship entitlement :-

- A Age limit: 20 years. (As on June 2016)
- B Family's total annual income from all sources and all family members not to be exceeded Rs 3,50,000/- per annum
- C Candidate should secure minimum 60% marks in 10th & 12th examination
- D The scholarship amount will be decided on merit, need and performance in interview
- E The Scholarship amount will not exceed Rs.1,00,000/- per year
- F The scholarship is for a period of four academic years and is subject to the candidate passing in all subjects and securing a minimum overall score of 60% marks each academic year in the same college. For each subsequent Year, the candidate will have to submit the University / College mark sheet for verification before raising the claim
- G It is mandatory to attend minimum three training workshops per year arranged by the Foundation and the continuation of the scholarship will depend on the same
- H Only those candidates who have taken admission in Wardha district for 1st year of Pharmacy in academic year 2016-17 are eligible to apply
- I Scholarship amount will be reimbursed against actual receipts submitted

LIST OF DOCUMENTS TO BE ATTACHED WITH THE APPLICATION :

a) One copy of each of the following (Attested Copies only)

- Proof of age.
- Leaving Certificates (10th & 12th)
- Academic Record: 10th, 12th Mark sheets
- Admission Letter / Allotment Letter from College
- Gap Certificate (If there is gap in your education)
- Income proof of all earning members in Family - Last I.T. Assessment Order, incase not an IT payer and doing job then salary certificate from Employer OR last three months salary slips. If not an IT payer and not doing job then only Income Certificate from Zilla Parishad / Local Government Authority. This information will be cross checked and if found false then form will be rejected

b) Original Copy +4 Xerox copies of Part B of the Form

C) Please paste photograph on all 4 xerox copies of Part B of the Form in space given

③ Family background with income details (Father / Mother / Brother / Sister / Self / Husband) :-

(If parents have retired please give details of retirement benefits received (voluntary / otherwise & also please indicate how many additional members of the family are studying and how many are earning part time or full time)

	Name	Qualification	Occupation	Gross Annual Income / Benefits	Contact No.
Father					
Mother					
Brother/Sister					
Brother/Sister					
Brother/Sister					
Grand parents					
Husband (If Applicable)					
In Laws (If Applicable)					
Self (If earning)					
				TOTAL	

④ Are you getting any other Scholarships / Loans, if so, from where ?

I certify that all the information submitted by me as part of this application is complete & accurate.
 I undertake to keep the Foundation informed of any change in my course of studies or contact details.
 I also agree to send my progress report every quarter.

DATE :

APPLICANT'S SIGNATURE

APPROVAL OF PARENT / GUARDIAN

Full name of Parent / Husband / Guardian _____

First Name

Middle Name

Surname

SIGNATURE OF PARENT / GUARDIAN / HUSBAND

This application must be completed & signed by the applicant only. The Trustees of the foundation will not review an unsigned or incomplete or copied application and submitted without the complete set of documents listed on the first page. Decision of the Board of Trustees is binding & final.

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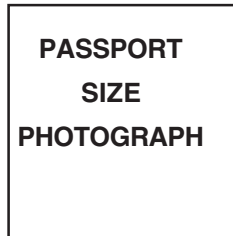
APPLICATION FORM FOR MERIT CUM NEED BASED SCHOLARSHIP FOR PHARMACY STUDIES IN WARDHA DISTRICT FOR INDIAN WOMEN

PART B

PLEASE SUBMIT THIS ORIGINAL 'B' PART OF THE FORM WITH 4 XEROX COPIES OF THE SAME PAGE (PART B) AND PHOTOGRAPH ON EACH XEROX

Name of the Candidate: _____ **Name of the Category: Pharmacy**

Name of the Course _____ **Specialization** _____



NOTE : PLEASE WRITE ANSWER OF EACH QUESTION IN MINIMUM 3 AND MAXIMUM 4 SENTENCES

1) Describe your strengths and weaknesses both personal & academic

2) Describe your future plans after completion of your education

3) Mention any extra efforts you are making to achieve your plans.

4) Describe your hobbies / extra-curricular activities and any significant achievement in the same.

5) Describe any challenges you have faced in your academic as well as personal life and how you have handled these.

SIGNATURE OF APPLICANT

This application must be completed & signed by the applicant only. The Trustees of the foundation will not review an unsigned or incomplete or copied application submitted without the complete set of documents listed on the first page. Decision of the Board of Trustees is binding & final.