

# 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



L/2016/61001

Category "L"  
Pharmacy

Rs. 300/- Each

PLEASE READ GENERAL INFORMATION AND INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE APPLICATION FORM  
LAST DATE OF SUBMISSION OF ALL DOCUMENTS ON OR BEFORE 23<sup>rd</sup> AUGUST, 2016

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

Please submit your form before 23<sup>rd</sup> August, 2016 at Lila Poonawalla Foundation, "Fili Villa", 101/102, Survey No. 23, Balewadi, Near D-Mart, Baner, Pune 411045

PLEASE ENSURE YOU VISIT LILA POONAWALLA FOUNDATION WEBSITE [www.lilapoonawallaoundation.com](http://www.lilapoonawallaoundation.com) IN DETAIL

For any queries please contact: Ms. Asmita Shinde  
Contact No.: 65600462 / 9766728565  
Email: [asmita@lilapoonawallaoundation.com](mailto:asmita@lilapoonawallaoundation.com)

### **Terms and conditions for scholarship entitlement :-**

- Age limit: 20 years. (As on June 2016)
- Family's total annual income from all sources and all family members not to be exceeded Rs 3,50,000/- per annum
- Candidate should secure minimum 60% marks in 10th & 12th examination
- The scholarship amount will be decided on merit, need and performance in interview
- The Scholarship amount will not exceed Rs.75,000/- per year
- 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
- 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
- Only those candidates who have taken admission in Pune district for 1<sup>st</sup> year of Pharmacy in academic year 2016-17 are eligible to apply
- Scholarship amount will be reimbursed against actual receipts submitted

### **LIST OF DOCUMENTS TO BE ATTACHED WITH THE APPLICATION :**

- 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
- Original Copy +4 Xerox copies of Part B of the Form**
- Please paste photograph on all 4 xerox copies of Part B of the Form in space given**

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## ① Personal Preview :-

L/2016/61001

## PART A

Applicant's Full Name : Miss/Mrs.

(In Block Letters)

FIRST NAME

MIDDLE NAME

SURNAME

Address \_\_\_\_\_

Pin code

Tel. No.

PASSPORT  
SIZE  
PHOTOGRAPH

Mobile No.  
(Self)

Mobile No.  
(Alternate)

Email : \_\_\_\_\_

Date of Birth :

D D M M Y Y

Age :

Nationality : Indian - Yes / No

## ② Qualifications & Academic record:-

(Attach an additional sheet if necessary)

Name of Examinations	Year of Passing	Name of School / College	% of marks	Rank in State / College	Prizes, Medals, Scholarships
Std X					
Std XII					

Any Gap in Education – Yes / No. Period of Gap – From \_\_\_\_\_ to \_\_\_\_\_ (Please mention month / year of Gap)

Reason of Gap - \_\_\_\_\_

Name of the Graduation Course for which you have taken admission : \_\_\_\_\_

Course Specialization \_\_\_\_\_

State the name and address of the College where you have taken admission:  
\_\_\_\_\_

Which category do you belong to (Please tick appropriate box):

OBC  NT  SC/ST  MINORITY  OTHERS (Please specify) \_\_\_\_\_

Have you applied for EBC: \_\_\_\_\_

Estimated Total cost for the proposed course for **one year** towards :

PARTICULARS	AMOUNT (Rs)	PARTICULARS	AMOUNT (Rs)	
College Fees		Hostel Rent (Recognized Hostel)		
Lab / Library Fees		Mess Charges		
Text Books		Bus / Train Pass		
TOTAL		TOTAL		<b>GRAND TOTAL (Rs)</b>

**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)					
				<b>TOTAL</b>	

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

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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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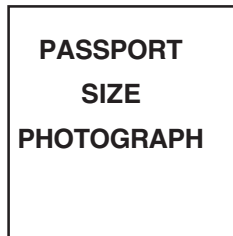
**APPLICATION FORM FOR MERIT CUM NEED BASED SCHOLARSHIP FOR PHARMACY  
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## PART B

**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**

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**2) Describe your future plans after completion of your education**

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

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

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

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**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.**