

ESTD. 1842



# SHREE GHOGHARI LOHANA MAHAJAN, MUMBAI

(PUBLIC TRUST REG. NO. A-1586-B)

Lohana Bhuvan, Paliram Road, Andheri (West), Mumbai - 400 058.

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INTEGRITY | INTELLECT | TRANSPARENCY



## COLLEGE EDUCATION AID FORM

Form No. : SGLM / COLEDU / \_\_\_\_\_

Membership No. : \_\_\_\_\_

### Student Details :

First Name : \_\_\_\_\_ Middle Name : \_\_\_\_\_ Surname : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_ Gender : \_\_\_\_\_

Residence Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email ID (Self) : \_\_\_\_\_

### Parents Details :

Father's / Mother's Occupation in Detail : \_\_\_\_\_

Occupation Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_ E-mail Id : \_\_\_\_\_

S. No.	FULL NAME	AGE	OCCUPATION	MONTHLY INCOME	RELATIONSHIP
1.					
2.					
3.					
4.					
5.					
6.					

Are you or your family recipients of any other form of aid from SGLM? (Financial/ Medical/ Education/Food Distribution).

\_\_\_\_\_ Have you taken any financial aid from any other trust or person?

For the current years education? Y/N \_\_\_\_\_ Please mention amount (INR) \_\_\_\_\_ & name of the

Trust or person from which aid is availed \_\_\_\_\_

Telephone / mobile number of the trust : \_\_\_\_\_ Contact person : \_\_\_\_\_

### Reference from any 1 community / committee Member (optional).

I the undersigned hereby certify that I know the applicant for \_\_\_\_\_ years and that the above and enclosed information is accurate to the best of my knowledge. I further certify that he/she is eligible the aforesaid grant.

Membership No : \_\_\_\_\_

Signature : \_\_\_\_\_

**Information Required for College Aid**

- 1) Name of Student : \_\_\_\_\_
- 2) Date of Birth : \_\_\_\_\_
- 3) Current Academic year for which seeking aid. . : \_\_\_\_\_
- 4) Name of the Institution : \_\_\_\_\_
- 5) Address of the institution : \_\_\_\_\_
- 6) Annual fee of institution : \_\_\_\_\_
- 7) Marks obtained in the previous year : \_\_\_\_\_
- 8) Scholarship availed from any institution or other sources if yes how much ? \_\_\_\_\_
- 9) Aid obtained last year if any from S6LM. If yes, how much ? \_\_\_\_\_
- 10) How many members in the family you are seeking aid for ? \_\_\_\_\_

**Part II**

**College principles certificate**

I hereby certify that Mr. /Ms \_\_\_\_\_ is a bonafide student of this College \_\_\_\_\_  
\_\_\_\_\_ in class \_\_\_\_\_

Principles stamp & signature

**Please attach the following with your application failing which the application may not get due consideration**

- Last year's mark sheet
- Fee structure of the institution
- Original fee receipt from institute (-will be returned after verification)

**General Enclosures** (These will be required to be submitted only once for all applicants)

- Last 3 months electric bills.
- Last 3 months mobile bills.
- Last 3 months Society maintenance bills/ rent receipts.
- Last F.Y. year's Salary certificates of earning members or Income tax return if available

**Please note the following**

The final approving & disbursal authority remains with the education committee / office bearers of the Mahajanshree.  
The above information is collected solely with a purpose to provide aid & benefits to the applicant member.  
You can courier the duly completed form with attachments at the address mentioned above or email them to [secretary@oselm.in](mailto:secretary@oselm.in)

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

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**For SGLM office use only**

Received on date & by : \_\_\_\_\_ Reviewed on : \_\_\_\_\_

Sanctioned Amount : \_\_\_\_\_ Sanctioned by : \_\_\_\_\_

Signature (1) \_\_\_\_\_ Signature (2) \_\_\_\_\_