

ESTD. 1842



SHREE GHOGHARI LOHANA MAHAJAN, MUMBAI

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

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

Phone : 022-2628 37 15 • Email : secretary@sglm.in • Website : www.sglm.in

INTEGRITY | INTELLECT | TRANSPARENCY



SCHOOL EDUCATION AID FORM

Form No. : SGLM / SCHEDU / _____

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 School 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 SGLM. If yes, how much ? _____
- 10) How many members in the family you are seeking aid for ? _____

Part II

School Principles Certificate

I hereby certify that Mr. /Ms _____ is a bonafide student of this School _____
_____ 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

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) _____