Scholarship Acceptance Form

Scholar signs this undertaking; the scholarship provider records it.

SCHOLARSHIP PROVIDER NAME

ACADEMIC YEAR

Student

FULL NAME

EMAIL

COURSE / PROGRAMME

ROLL / ENROLMENT NO.

PHONE

Award

SCHOLARSHIP

AMOUNT (₹ / YEAR)

DURATION (YEARS)

DISBURSED TO

MINIMUM SCORE TO RENEW (%)

BANK ACCOUNT NO.

IFSC

I undertake that

1. I accept the scholarship and will use it only for education costs.
2. I will share my mark sheets each term and maintain the minimum score for renewal.
3. I will inform the provider if I receive another scholarship for the same costs, drop out or change courses.
4. If I give false information, the provider may stop the scholarship and ask for repayment of amounts paid.
5. The provider may share my name, photo and story in its reports with my consent below.

☐ The provider may feature my name, photo and story in its reports and social media.

Scholar

SIGNATURE

PRINTED NAME

DATE

Scholarship provider

SIGNATURE

PRINTED NAME

DATE