

Scholarship In The Memory Of Late CA Anant Dattatreya Sewak for CPT-2017 Passed Students

Pune Branch of WIRC of ICAI would like to assist this scholarship for financially disabled students for their betterment of the future.

Criteria for the Scholarship as below:

- Candidate must have scored at least 140 marks in the CPT
- Candidates must be from a financially weak family
- Reference from practicing chartered Accountant is preferred

APPLICATION FORM FOR OBTAINING SCHOLARSHIP

To,
The Chairman
Pune Branch of WIRC of ICAI,
Bibwewadi, Pune 411037

Photo

Dear Sir,

I request that I may be provided scholarship from Late CA Anant Dattatreya Sewak Fund for pursuing the Chartered Accountancy course I give below my particulars as:

1	i)Name of the applicant	
	ii)Date of Birth	
	iii)Age	
2	Articles Assistant Registration No.	
3	Full Address	
4	Marital Status	
5(a)	i)Father's Name ii)Occupation iii)Address iv)Latest Monthly Income (Attach documentary proof)	
5(b)	i)Mother's Name ii)Occupation iii)Address iv) Latest Monthly Income (Attach documentary proof)	
6	Details of total income from all sources per month Indicate separately from each source.	
7	Total monthly expenditure of the Students.	
8	What is the source from which the applicant is presently meeting his/her education expenditure per month?	
9	Detail of the parents/brothers/sisters of the articulated assistant and their occupation and their income together with source The detail so the financial assistance if any, provided by them to the students.	

10	Qualifications of the article assistant [enclosed copies of mark sheets of examinations passed] i.12th ii.CPT iii. Intermediate/PE-II/PCE/IPCC iv. Graduation/ Post Graduation	Marks secured in percentage and whether first attempt or not [state the attempt] <u>Marks</u> <u>Attempt</u> a).....% b).....% c).....% d).....%
11.	Whether Physically Challenged (if yes, enclose attested copy of medical certificate).	

12. Particulars of the family members of the applicant including parents, sisters and brothers.

S.No	Name	Age	Relationship	Occupation	Annual Income
(i)					
(ii)					
(iii)					
(iv)					
(v)					

13 Particulars of School/College/University etc. where the student had studied (Any break in the education career should be indicated in the remarks column and attested copies of the certificate should be sent with this form)

S.No	Name of School/College And Institution	Examination Passed	Marks Obtained	Division awarded and%	Remarks
(i)					
(ii)					
(iii)					
(iv)					
(v)					

14 Whether any assistance received/likely to be received from Chartered Accountants Students Benevolent Fund or from any other source, and if so, provide details.

15 The extent of scholarship sought from the Late CA Anant Dattatreya Sewak Memorial Fund and state reasons for the same

16 Name, membership.no. and address of Principal under whom practical training is being Received

I here by declare that the particulars given above are true and complete to the best of my knowledge and belief and I have not concealed any information there from.I am aware that in the even to if any information, if found to be false, distorted or twisted later, I will be disqualified from the receipt to any scholarship from Late CA Anant Dattatreya Sewak Fund and would be bound to refund the amount even if received already to the said Fund.

Yoursfaithfully

Signature:

Name _____

Articled Registration No. _____

Correspondence Address:

Place: _____

Date: _____

Mob.No. _____
E.Mail.id: _____

REMARKS OF THE EMPLOYER

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Address _____
TelephoneNo. _____
emailid _____

Signature _____
Name _____
Membership No. _____

RECOMMENDATION

*Recommendation of the Managing Committee Member/s of the Pune Branch of WIRC of ICAI.

"I have gone through the particulars in the application form which has been filled incompletely and the particulars stated there in are prima facie correct. In my opinion, it is a deserving case for scholarship from Late CA Anant Dattatreya Sewak Fund may be sanctioned.

TelephoneNo. _____

Signature _____

MobileNo. _____

Name _____

Emailid. _____

Membership No. _____

Place: _____

Address/Rubber Stamp _____

Date: _____

*Strike out which not applicable.