

**DAYANAND BANDODKAR SCHEME FOR HIGHER EDUCATION FOR ORPHANS**

**FORMAT FOR APPLICATION**

1. Name of the Applicant: \_\_\_\_\_

2. Address of the applicant: \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No: \_\_\_\_\_

3. (a) Course for which admission is sought: \_\_\_\_\_

(b) Duration of the Course

4. Total amount of Fees paid: \_\_\_\_\_  
(please attach fee receipt)

5. Name of the Guardian \_\_\_\_\_

6. Address of the Guardian: \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

7. Date, month and year of father's death: \_\_\_\_\_  
(please attach death Certificate)

8. Date, month and year of mother's death: \_\_\_\_\_  
(please attach death Certificate)

9. No. of years of residence in Goa \_\_\_\_\_  
(please attach residential certificate)

**DECLARATION**

I hereby certify that the information furnished by me above is true to the best of my knowledge. I am aware that in case of false information all the benefits granted to me shall be immediately withdrawn.