

# INLAKS SCHOLARSHIP APPLICATION FORM

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## CANDIDATE'S BACKGROUND

Date of Birth:

Ms.  
Mr.

  

Name

Address Of Correspondence \_\_\_\_\_

Tel.(with STD Code) \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Present Occupation \_\_\_\_\_

### University Education

Degree obtained	Year	Subject	Institution/University	Class/Grade/Percentage

Academic distinctions,Grants,Scholarships,Prizes awarded \_\_\_\_\_

GRE or TOEFL? Give results and percentage: \_\_\_\_\_

Extracurricular attainments: \_\_\_\_\_

### Working experience / Projects pursued

Organisation	Years	Position

## PROPOSED PROGRAMME

Subject

University Course  
Specific Project

  

Degree / Course admitted to \_\_\_\_\_

Institution admitted to \_\_\_\_\_

Exact duration of the course \_\_\_\_\_ yrs

Dates From: \_\_\_\_\_

To: \_\_\_\_\_

Funds required for the whole period: Tuition \_\_\_\_\_ Living Allowance \_\_\_\_\_ Total \_\_\_\_\_

Any grants awarded(specify) \_\_\_\_\_

Other sources of funding/Fee concession/Personal resources/ Loan,if any \_\_\_\_\_

Describe below your present occupation and your achievements to date(Typed statement not exceeding 400 words)

No Annexures

Describe in detail your proposed course or specific project and its relevance to your career goals. Give reasons for pursuing it abroad. (Typed statement must not exceed 400 words). In the case of a specific project, indicate separately your proposed travel schedule and detailed estimated expenditure.

Permanent Address: _____	Affix Photograph
Telephone: _____	
Profession of Parent/Guardian: _____	
Give results of any other application you have made for a scholarship, grant, assistanship, financial help or loan: _____	

Have you previously been interviewed for Inlaks Scholarship? If yes, give year and place: \_\_\_\_\_

Please specify materials enclosed. These must carry your name and address: \_\_\_\_\_

Name, occupation and address of three referees under at least two of whom you have studied/ worked with in last three years:

S.No.	Name & Occupation	Address
1		
		Tel: _____
		Email: _____
2		
		Tel: _____
		Email: _____
3		
		Email: _____

Signature of the Applicant \_\_\_\_\_ Place & Date \_\_\_\_\_

Courier the application form by 15th April to Inlaks Shivdasani Foundation, C/o Inlaks India Foundation, 86/87 Atlanta, Nariman Point, Mumbai 400021

Answer all questions: Incomplete application forms will not be considered

**For office use only**

**No.** \_\_\_\_\_