



NAGARATHAR KALVI UTHAVI

ADMIN OFFICE

3 - GROUND FLOOR, 55- RAJU NAIDU ROAD, SIVANANDA COLONY, COIMBATORE - 641012
website: nagaratharkalviuthavi.com Mobile : 9655205101, 9655205102, 9363102923

APPLICATION FOR EDUCATION ASSISTANCE FOR INDIAN NAGARATHAR STUDENTS (From STD - I to STD – XII)

Name of the Student		Affix a Student's recent passport size photograph here
Nagarathar Pulligal ID No		
Date of Birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Kovil		
Pirivu		
Father / Mother/ Guardian Name		Affix a Parent's recent passport size photograph here
Nagarathar Pulligal ID No		
Monthly Income of the Parent / Guardian		
Mobile / Whatsapp Number		
Email Id		
Native Address		Present Address
Standard Studying at		
School Name with Address		
Name in which Cheque should be Drawn on		
<i>Signature of the Student</i>		<i>Signature of the Parent</i>

I hereby assure that all the above furnished details of true to best of my knowledge. I AGREE with the terms and conditions of the Donar(s).

BOTH STUDENT AND PARENT KNOWN TO ME*

Verified by		Verified by	
Signature		Signature	
Name		Name	
Nagarathar Pulligal ID		Nagarathar Pulligal ID	
Address		Address	

*One of the above signing persons should be pangali of the parent.

1. This is only an application form and doesn't guarantee the scholarship given by the donor.
2. Beneficiary Student must repay the full amount received from this assistance, when they are earning.
3. Enclose Students Birth Certificate along with Profile Form of Student, Parent and Witnesses.

NAGARATHAR PULLIGAL PROFILE

Name		Affix your passport size photograph here
Qualification		
Date of Birth (Optional)		
Father Name		
Wedding Date (Optional)		
Spouse Name		
Kovil		
Pirivu		
Native Address		
Present Address		
State / Country		Pin:
Phone Number		
Mobile No / Ph. No		
E Mail Id		