

APPLICATION FOR AVAILING MOOVALUR RAMAMIRTHAM AMMAIYAR HIGHER EDUCATION ASSURANCE SCHEME

1. Name of the Girl Student :

2. Name of the College / Institution :

3. College Roll No :

4. Year of Joining :

5. Name of the Course :

6. Branch / Subject :

7. Duration of the Course : 1 Year 2 Years 3 Years
 4 Years 5 Years

8. Have you studied from 6th to 12th Standard in Government Schools : Yes No

9. If Yes, fill the details from columns 8 to 21.

Sl. No	Class	Name of the School	Year of Passing
1	6th Std		
2	7th Std		
3	8th Std		
4	9th Std		
5	10th Std		
6	11th Std		
7	12th Std		

10. Date of Birth :

11. EMIS Number :

12. Aadhar number :

13. Father's Name :

14. Mother's Name :

15. Guardian Name :

16. Community : BC MBC SC ST OBC Others

17. Mobile Number :

18. Email ID :

19. 10th Registration No :

20. +2 Registration No :

21. Girl Student's Address :

 P I N

22. Bank Details

Account Holder Name :

Account No. :

Name of the Bank :

Branch Name :

IFSC Code :

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately. In case of any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the Girl Student

I hereby certify that the above student is a bonafide student of this college / instituion

**Signature of the
Head of the Institution**