



Dr. P. S. Shankar Prathishthan, Kalaburagi

Application for Medical Scholarship 2023 - 24

1. First Name: _____ Middle Name: _____ Last Name: _____

2. Date Of Birth: _____ Gender: ___
 Male Female

3. Father's Name: _____ Phone Number: _____ Occupation: _____

4. _____

5. Family Annual Income in Rs.: _____

6. Religion: _____ Category: _____ Caste: _____

Current Address:
Home/Apartment Number: _____ Area: _____ City: _____

District : _____ Pin code: _____

Permanent Address:
Home/Apartment Number: _____ Area: _____ City: _____

District : _____ Pin code: _____

8. Course Attending: **M.B.B.S** Institute Name: _____ CET/NEET Ranking: _____

Address: _____ Phone Number: _____

9. Previous Education Details:
Course Completed: **PUC** Marks Obtained In PCB in % _____ College Name and Place : _____

10. Medium of instruction for Ist standard to Xth standard : Q Kannada [] English

11. School Studied [Name & Place]:

Name of the college:			Address:			College Phone Number:		

Note: Please submit in writing about the family income background and conditions of your poverty and hardships in one or two pages enclose with his application.

Place:

Date:

Signature of Applicant