

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 Government Schools in : 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 / institution

Signature of the Head of the Institution