## Appendix to the Chartered Accountants Students' Scholarships <u>FORM – 1</u> MERIT SCHOLARSHIP SCHEME

For students undergoir	ng Articleship Joining Re	anort			
		hter of			
		dit clerk/industrial trainee on			
		aining under the Chartered Accountants Regulations			
		en sanctioned to me by the Institute of Chartered			
Date		Signature of the Student			
		Registration No			
		Address			
		Contact No :			
		Email ID :			
0 5	Employer with the seal of his office.				
Date		Signature of the Member			
(Seal of the Firm)		Membership No			
		Name			
		Address			
For students not under	rgoing Articleship				
I,	son/daughter of	was admitted/registered as a student of			
IPCC/ Final Course wit	th the Institute on				
A Merit Scholarship ha	as been sanctioned to me by the In	stitute of Chartered Accountants of India vide Board			
of Studies' letter No	dated	for a period of			
Date		Signature of the Student			
		Registration No.			
		Signature of the member of the Institute			
		Membership No			
		or Head of Educational Institution/Gazetted Officer			
Date	Seal				
Dale	JUAN	Address			

# FORM NO. 2 ADVANCE RECEIPT

## PART-I

Ref. No.:		
Received a sum of Rs	(	) from the
Institute of Chartered Accou	ntants of India agai	inst (Need – Based and
weaker sections scholarship /	Merit / Merit cum N	eed Scholarship) / Endowments Scheme for the period from
to		
		(On revenue stamp)
		Signature of the Student
		Name:
		Reg. No.:
Date :		Full Address :
		Contact No:
		Email ID:
		PART-II
For students undergoing A	rticlochin *	
For students undergoing A		
		RTIFICATE
-		(Articled Registration No.
) is serving	under me as Articleo	
		Signature of the member
		Name:
<b>D</b> / 1		Membership No:
Dated:		Address:
	]	PART-III
For students not undergoin	<u>g Articleship</u> *	
	<u>CE</u>	<u>RTIFICATE</u>
This is to certify that	Shri/Ms	(Reg. No) is
continuing to be a student of I	PCC/Final of ICAI.	His/her conduct has been found satisfactory.
		Signature of the member of the Institute
		(Membership No) OR
		Head of Educational Institution/Gazetted Officer
		Address:
Date :	Seal	

\* Fill the Part-II or Part-III, whichever is applicable



## THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA APPLICATION FORM FOR GRANT OF SCHOLARSHIP

## FORM -3

The Director of Studies, The Institute of Chartered Accountants of India, A-29, Sector – 62, NOIDA – 201 309

Dear Sir,

I hereby apply for the grant of Merit-cum-Need Scholarship/Need-based and Weaker Sections' Scholarship under the Chartered Accountants Students' Scholarship Scheme or any other Endowment Scholarship. I give below the relevant particulars for your consideration. I understand that the information contained herein forms the basis for consideration of grant of scholarship and that, if the information is found to be wrong, the scholarship may be withdrawn immediately without prejudice to the recovery of the amounts already advanced to me.

PARTI	CULARS	;
-------	--------	---

1.	Name in full (CAPITAL LETTERS)		
2.	Registration No.		
3.	Date of Birth		
4.	Full Address		Affix latest
	(a) Correspondence		photograph
			(Passport size)
		Pin Code	
	(b) Permanent		
		Pin Code	
	Contact Number (s)		
	Email ID		
5.	(a) Father's/Guardian's Name		
	of the organization and desig		d). Please furnish below the name of the firm and nature of busines le.
6.	Total yearly income of parents/g	juardian from all sources (Write	te in words also)

#### 7. a) Particulars of passing the SSC/University Examination [enclose attested photocopy (ies)]

S.No.	Examination	Month &	Aggregate of	Percentage	Name o	of the	University/
	Passed	Year	Marks Secured	of Marks	Institution		
1							
2							

### b) Particulars of passing CPT / IPCC Course Examination of the Institute. [enclose attested photocopy (ies)]

photo	opy (ies)]				
S.No.	Examination	Month & Year	Aggregate of	Percentage	Attempt Number
	Passed		Marks Secured	of Marks	
1					
2					
3					

8. Name. Membership Number and address of the Chartered Accountant under whom the candidate is receiving training under the Chartered Accountants Regulations. (if applicable)

Date and Year of Commencement of Articles	Expected Date of Completion of Articles	Date of First eligible attempt for CA Exam

9. Particulars of the Scholarship or financial assistance received from other sources/ CA Students Benevolent fund Name of the Institution

Period

Name of	tne	institution_
Amount		

- 10. Whether you belong to Scheduled Caste/Scheduled Tribe, if so, furnish documentary evidence. Please write `OBC' in case you belong to OTHER BACKWARD CLASSES. (Yes / No)
- 11. Whether Physically Challenged (If Yes, enclose attested copy of certificate issued by the Hospital under the Central/ State Government)
- List of the attested documents attached. Tick the Certificates attached. 12. (i) Marksheet of SSC/ University Examination
  - (ii) Marksheet of CPT/IPCC Examination.
  - (iii) Caste Certificate, if applicable
  - (iv) Physically Challenged Medical Certificate, if applicable

I hereby declare that the statements made by me in this application form are true to the best of my knowledge and belief. I further agree to abide by the terms and conditions of the award if I am selected for the Scholarship applied for.

(Signature of the student) Place\_\_\_\_\_ Date

For students undergoing Articled Training Certified that Shri/Ms. \_\_\_\_\_\_was admitted as an articled/audit clerk in our firm from \_\_\_\_\_\_and that he/she would be completing the prescribed period of training under the Chartered Accountants Regulations on \_\_\_\_\_

> Signature of the Member Membership No. \_\_\_\_\_ Name Name of the Firm\_\_\_\_\_ Address

Date\_\_\_\_\_

## For students not undergoing Articleship

For students not undergoing Articleship		
	CERTIFICATE	
This is to certify that Shri/Ms	(Reg. No)	is continuing
to be a student of IPCC/Final Course of ICAI	. His/her conduct has been found to be satisfac	tory.

Signature of the member of the Institute (Membership No.) OR Head of Educational Institution/Gazetted Officer

Date :

Seal

Address:

## FORM-4

## Certificate of Income to be submitted by the Parents/ Guardian of the Applicant

l,				fathe	er/gu	ardian	of
	who	has	applied	for	the	grant	of
Merit-cum-Need/Need-Based and weaker section/Endo	wment S	Schen	ne Schola	arshi	p de	clare t	hat
my total annual income, including the income of my wife	e and of	son/\	ward, in t	the p	rece	ding y	ear
ended 31 <sup>st</sup> March, 200 was Rs(in Word	ds						_)
			(S	Signa	ture)		
		Na	me				
Date							
(To be signed in the presence of a CA/Magistrate/Oath Co	ommissio	oner/N	otary Pul	blic w	/ho w	vould a	Iso
affix his signature and seal).							

(Signature)

(SEAL)