

Foundation for Academic Excellence and Access – (FAEA)

C – 25, Qutab Institutional Area
New Mehrauli Road, New Delhi – 110 016.
Ph: 011 41689133
Email: inquiry@faeaindia.org

Section A: Personal Details

<p>1.a) Student's Name</p> <p>b) Father's Name</p> <p>c) Mother's Name</p>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																													<p>Please affix latest Passport size Photograph</p>
<p>2a. Complete Permanent Address (with Home State & City):</p> <p>City</p> <p>Pin Code</p> <p>Home State</p>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																													<p>Signature of Applicant</p>
<p>2b. Mailing Address</p> <p>City</p> <p>Pin Code</p> <p>State</p>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																													
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Section B : Social Background

8. Do you belong to	<input type="checkbox"/> Schedule Caste <input type="checkbox"/> Schedule Tribe <input type="checkbox"/> Other Backward Class <input type="checkbox"/> None/General																															
9. If yes, specify Caste/Community	_____																															
10. Do you belongs BPL Category?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify _____																															
11. Do you have a BPL Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify _____																															
12. Do you belong to a Religious Minority?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify _____																															
13. Do you have a physical or sensory disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify _____																															
14. Who was the first person to complete Matriculation (upto Class 10) in your immediate family	<input type="checkbox"/> You yourself <input type="checkbox"/> Elder Brother / sister <input type="checkbox"/> Father / mother <input type="checkbox"/> Grand-father / Grand – mother <input type="checkbox"/> Uncle/Aunt																															
15. Father / mother's education	<table border="0"> <thead> <tr> <th>Father</th> <th>Mother</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Not know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Illiterate</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Primary (upto Class 4 or 5)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Middle (5 to 7 or 8)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Matriculation (8 to 10 or 9 to 10)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Senior School (11 to 12)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Graduation (BA, BSc or equivalent)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Post Graduation (MA, MSC, LLB, MBBS, or equivalent)/ graduation in a technical field.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Doctoral or higher professional degree (PhD, MPHIL, LLM, MS, MD, or equivalent)</td> </tr> </tbody> </table>	Father	Mother		<input type="checkbox"/>	<input type="checkbox"/>	Not know	<input type="checkbox"/>	<input type="checkbox"/>	Illiterate	<input type="checkbox"/>	<input type="checkbox"/>	Primary (upto Class 4 or 5)	<input type="checkbox"/>	<input type="checkbox"/>	Middle (5 to 7 or 8)	<input type="checkbox"/>	<input type="checkbox"/>	Matriculation (8 to 10 or 9 to 10)	<input type="checkbox"/>	<input type="checkbox"/>	Senior School (11 to 12)	<input type="checkbox"/>	<input type="checkbox"/>	Graduation (BA, BSc or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	Post Graduation (MA, MSC, LLB, MBBS, or equivalent)/ graduation in a technical field.	<input type="checkbox"/>	<input type="checkbox"/>	Doctoral or higher professional degree (PhD, MPHIL, LLM, MS, MD, or equivalent)	
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16. Father Occupation	_____																															
17. Father's income (Rupees Per annum)	₹ _____																															
18. Mother's Occupation	_____																															
19. Mother's income (Rupees Per annum)	₹ _____																															

Section C- Educational Background

20. Class XII School name? (specify)	_____	
21. Name of the Board (Class XII)? (specify)	_____	

22. Which type of school did you study in?	<input type="checkbox"/> Government <input type="checkbox"/> Government Aided <input type="checkbox"/> Private
23. Name of the City/Town/ Village in which your class XII School was located?	_____
24. Class XII Medium of instruction?	<input type="checkbox"/> Hindi <input type="checkbox"/> English <input type="checkbox"/> Indian Language
25. Class XII – was it a residential (Boarding School)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D: Academic Background

26. Year of passing Class X	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
27. Class X Percentage	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
28. Year of Passing Class XII	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
29. Class XII Subject?	<input type="checkbox"/> Arts <input type="checkbox"/> Commerce <input type="checkbox"/> Science
30. Class XII percentage?	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
31.a Propose Course of Study--	<input type="checkbox"/> Arts <input type="checkbox"/> Commerce <input type="checkbox"/> Science <input type="checkbox"/> Engineering <input type="checkbox"/> Medicine <input type="checkbox"/> Other (specify)
31.b Are you presently pursuing any undergraduate/Engineering Degree Course? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify:-	
i. Name of the College studying in	
ii. City	
iii. State	
iv. Pursuing Degree/Course Name	
v. Currently you are studying in the year (Course Year) in 2015-16	<input type="checkbox"/> I st Year <input type="checkbox"/> II nd Year <input type="checkbox"/> III rd Year <input type="checkbox"/> IV th Year <input type="checkbox"/> V th Year
vi. In Year 2016-2017, you will be in which (course year)	<input type="checkbox"/> I st Year <input type="checkbox"/> II nd Year <input type="checkbox"/> III rd Year <input type="checkbox"/> IV th Year <input type="checkbox"/> V th Year
32. Why do you want to join this course? (not more than 50 words)	

33. Please provide (i) Name (ii) Mailing address (iii) Telephone numbers and (iv) Email address of 3 references. 2 of them should be from academic background. (FAEA shall send the letter of reference directly to the referees):-

i.	Name		
	Designation		
	Mailing Address		
	Mobile No.	Telephone No.	
	Email ID		
ii.	Name		
	Designation		
	Mailing Address		
	Mobile No.	Telephone No.	
	Email ID		
iii.	Name		
	Designation		
	Mailing Address		
	Mobile No.	Telephone No.	
	Email ID		

Declaration

I hereby declare that I have verified the details indicated above and I confirm that all the information submitted above is correct to the best of my knowledge. I will provide documentary evidence in support of all the above information. If at any stage, it is found that any of the above information is incorrect and/or is suppressed, the management of FAEA shall have the right to take penal action as deemed fit or cancel the application for scholarship.

Date ____/____/____
(Day Month Year)

Signature of Applicant
(To be signed prior to dispatch)