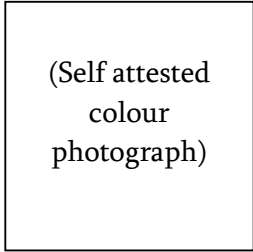


**FORM TO BE FILLED BY THE APPLICANT AND VERIFIED BY THE INSTITUTE**

To:  
 The HR Manager,  
 ITC Limited, Food Unit  
 Plot No. 01, Sector-11  
 IIE, SIDCUL, Ranipur, Haridwar, Uttarakhand



1. Name of Candidate (as in 10<sup>th</sup> mark sheet) \_\_\_\_\_

2. Father's/Guardian's Name \_\_\_\_\_

3. Address for communication \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_

PIN \_\_\_\_\_ Tel/Mobile No \_\_\_\_\_ E-mail ID \_\_\_\_\_

4. Permanent Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_

PIN \_\_\_\_\_ Tel/.Mobile No \_\_\_\_\_

5. Date of Birth      D      D      M      M      Y      Y      Y      Y

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6. Category \*      General      ST      SC

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*(\* tick only the Category which is applicable)*

**A certificate from the Competent Authority (for ST/SC) to this effect needs to be enclosed.**

7. Are you belongs to Below Poverty Line \*      Yes      No

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**A certificate from the Competent Authority for Below Poverty Line needs to be enclosed.**

8. Gender \*      Male      Female

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*(\* tick only the what is applicable)*

9. Qualification (Attach attested copies of mark sheets of all examinations given)

Type of Institution	Type of Programme	Mode of Study	Pattern of Examination
Central Govt. <input type="checkbox"/>	Degree <input type="checkbox"/>	Regular Classes <input type="checkbox"/>	Annual <input type="checkbox"/>
State Govt. <input type="checkbox"/>	ITI <input type="checkbox"/>	Evening Classes <input type="checkbox"/>	Semester <input type="checkbox"/>
			Trimester <input type="checkbox"/>

**\*\* Please enclose 12<sup>th</sup> class mark sheet attested copy.**

I understand that if any information is found false/incorrect, it will disqualify me from ITC Limited Scholarship apart from refund of the amount received by me.

Date \_\_\_\_\_

Signature of the Candidate

Place \_\_\_\_\_

Name \_\_\_\_\_

Mobile No \_\_\_\_\_

**TO BE CERTIFIED BY THE INSTITUTE**

This is to certify that Mr/Ms \_\_\_\_\_ are studying in our Institute/College \_\_\_\_\_ in B.Sc. 1<sup>st</sup> Year / ITI in \_\_\_\_\_ trade. He/She has taken admission on \_\_\_\_\_ in this Institute/college. As per Institute/college record his enrollment no. is \_\_\_\_\_.

Seal of the Institution

Date \_\_\_\_\_

Signature & Name of Head of Institute/College

Place \_\_\_\_\_

Full Address of Institution

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Following Documents are necessary to be attached in this form**

1. Certificate of SC/ST
2. Certificate of Below Poverty Line
3. Mark sheet of 10/12<sup>th</sup> Class
4. Proof of Admission /Tuition Fee