

Name and occupation of father:.....

Name and occupation of mother:.....

*** To attach documentary evidences**

13. Details of other children in your Family attending Secondary School /Training Institution.

| NAME | RELATIONSHIP TO APPLICANT | DATE OF BIRTH | EDUCATIONAL INSTITUTION ATTENDING | CURRENT CLASS ATTENDED |
|------|---------------------------|---------------|-----------------------------------|------------------------|
| | | | | |
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(Please insert NIL where not applicable)

14. **MITD fees** (including tuition and general fees) per annum:
Rs.....

15. I hereby declare that:

- (i) all the particulars in this application form are true and accurate;
- (ii) I have not benefitted from any other scholarship or grant;
- (iii) I undertake to follow and complete the course and to inform the Mutual Aid Foundation if I obtain another scholarship/grant or decide to withdraw from the course;
- (iv) I authorize the MITD to reveal my examination results, attendance and behavior to the Mutual Aid Foundation for the purpose of the scholarship;
- (v) I am aware that if I have furnished wrong and misleading information to the Mutual Aid Foundation, I may become liable to refund any allowance paid to me by the Foundation.

| APPLICANT | | RESPONSIBLE PARTY | |
|------------|-----------|-------------------|-----------|
| Name: | | Name: | |
| NID: | | NID: | |
| Mobile No. | Phone No. | Mobile No. | Phone No. |
| Email : | | Email : | |
| Address: | | Address: | |
| Signature: | | Signature: | |
| Date: | | Date: | |