WOMEN GRADUATES UNION



Bombay Association, Indian Federation of University of Women's Association Affiliated to Graduate Women International Women Graduates Union Road, Colaba Bus Station, Mumbai 400 005 Contact: 9321689814 / 9137127746 Email: wgu1915@gmail.com

SCHOLARSHIP FORM 2024 - 2025 NEED-CUM-MERIT GRANT (Form to be filled in Block Letters)

Photo

1. Name in Full			
(First Nam	ne) (Mid	dle Name)	(Surname)
2. Address			
Tel. No:	Mobile No:	E-mail :	
3. Date of Birth:	Age:	Married	Unmarried
4. Family Particulars:			
Father's Name in Full:		Occupation	
Mother's Name in Full:		Occupation —	
Husband's Name in Full: (If married) No. of Brothers & Sisters:		Occupation	
No. of Wage-earning Members i	n Family:	Annual Family Incom	e : Rs
5. Name of the Institute and Uni	versity from which you passed: —		
Name of Examination	Year of passing	Total Marks	Percentage
	versity where you propose to study	:	
Subject of Study/Topic of Research: Field of Specialisation:		In which year:	
	Paid: Rs		
8. Are you receiving help from of How was the money raised?:	rships from WGU? If yes, then whic ther Trusts or UGC Grant: Yes / No)	
9. Any other relevant information	n:		
	ADDITION	CANIT'S SIGNATURE.	

Please Note:

- (a) Attach parents'/guardian's Certificate of Income duly certified by Employer
- (b) Attach true copies of your mark sheets
- (c) Research Students to give details of their Guides and submit their Status Report
- (d) Bonafide Certificate from the Institute where admission is taken should be attached
- (e) Send the completed form to: The Chairperson, Scholarships Committee at the above address by 30 September 2024 (Send Rs. 30/- along with the form if the form is downloaded from our website)
- (f) INCOMPLETE FORMS WILL NOT BE ACCEPTED