Application for Grant of Financial Assistance (Scholarship) for Pursuing Chartered Accountancy Course of ICAI by CA Parivaar, New Delhi

	• .		A Inter/CA Final Students) who to be considered for the Scher	•	income is below	w Rs. 5 lacs p.a . Max	two
					D	ate:	
CA P	ral Secret ARIVAA ational & V		y (Regd.)			Affix your photo here	
New 1	Delhi						
Nan	ne of the C	Candidate:		Contact Number:		Email ID:	
Date	of Birth (DD/MM/YY):		Age:		Gender:	
Aad	haar Nun	ıber:	•				
	ner's Nam upation:	e, Age &			Contact No: (Please mark where Not Ap		
Mother's Name, Age & Occupation:					Contact No: (Please mark where Not Ap	· ·	
Rela Can	ne of Loca ntionship v didate: ress:	l Guardian: vith					
Nam (Plea Appl Sibli Nam (Plea	licable) ing 2 ne, Gende	NA, where Not					
	dential Accode):	ddress (with					
Post code		s (with Pin					
			Tather or Mother, or both): to be send along with apple				
	S.no	List of Docum		Whethe (Write y	r attached yes/no)	Reason if answer is 'No' in column 3	
	1	Aadhar of th	e candidate				

Aadhar of Parents/Guardian

Passport size photograph of the candidate

	(jpeg)	
4	10 th , 12 th , Graduation, CA Foundation, CA Inter – (Single or both Group) attested by CA mentioning his membership number	
5	Recommendation letter of any Practicing CA*	
6	Income Proof of Parents	

^{*} Recommendation letter from any practicing CA on a letterhead having his/her name, membership number, mobile and email id. The CA should clearly mention that he/she has verified your credentials, income proofs and you are a Bonafide students

Pursuing Course / Standard	Name of School/College/ ICAI Student Reg.	Board/University	Year of Passing	% Marks Obtained
Class X				
Class XII				
College				
CA Foundation				
CA Inter				

□ Declaration: I declare that the above statements and particulars are true & correct and no material facts have been misstated or suppressed.				
☐ Please provide your reasons	for applying for Scholarship to pursue	Chartered Accountancy Course:		
will give that student minimum of the same.	n stipend of Rs 10,000/- and CA Parivaar	ip under him need to give an undertaking that he will have a right to ask for the documentary proof		
Note: In case any of the inform	ation that you are providing founds to be	incorrect then your scholarship will be withdrawn.		
Name of candidate	Name of Father/Mother/G uardian	Recommended by Name of CA: Reason:		
Signature of Candidate	Signature of Father/Mother/G uardian with contact number			

CONSENT LETTER

To
Managing Committee
CA Parivaar
Dear Sir,
I hereby give my consent to publish my photo with my name and city to which I belong (as per
the records submitted) on various public platforms including social media, print media, for disclosing
facts related to CA Parivaar scholarship, If granted to me for my CA education.
Regards
Name of Student:
Signature:
Name of Father/Mother/Guardian:
Name of Father/Mother/Guardian:
Signature: