



PACE (Estd.2008)

Professional Academy of Education & Research (Reg.Society)

Address: D.No: 36-21-14, Near Yadavas Temple, Innespeta,
Rajahmundry, E.G Dist., A.P -533101.



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Application For Scholarship in Vikas Institute of Pharmaceutical Sciences (Only For Financially Poor and Needy)

To
The President,
PACE Society,
Rajahmundry.

Date: _____

I, _____ joined in _____ course for the year _____ under _____ quota. I am from financially poor family and in need of financial support to continue my studies. I am here with submitting my details to consider for scholarship and oblige.

Details of the student (Note: Visit website for conditions)

Name of the student: _____ Course joined: _____

Father's name: _____ Occupation: _____ : Annual income: _____

Mother's name: _____ Occupation: _____ : Annual income: _____

Category: _____ Aadhar number: _____

Permanent address: _____

Mobile number: _____ Mail ID: _____

Percentage of marks obtained in (10+2) B.Pharm Pharm.D

Fees reimbursement: Yes/ No

Bank details of the student

Student name: _____

Account number: _____

Name of the bank and branch: _____

IFSC Code: _____

I acknowledge that the given information is true to the best of my knowledge. I will obey the terms & conditions of the society if sanctioned scholarship.

Student signature

Parent signature

For office use only

Application Received on: _____ Status of application: _____

The PACE Scholarship committee in its meeting held at society office on _____ verified the data submitted by the student and found the data submitted is correct and student is from poor and needy family.

The committee recommended scholarship of Rs _____ every year from the year _____ for _____ years. The sanction is subject to the fulfilment of conditions laid down by the PACE society.

The scholarship amount will be remitted to the student account directly by the society.

Chairman
PACE Society

Secretary
Scholarship Committee
PACE Society