



NAGPUR BRANCH OF WIRC OF ICAI
LATE SMT. SUNITA DEVI SURESH KUMAR AGRAWAL SCHOLARSHIP
APPLICATION FORM FOR GRANT OF SCHOLARSHIP

FORM -1

The Chairman,
Nagpur Branch of WIRC of ICAI,
"ICAI Bhawan", Dhantoli,
NAGPUR – 440 012

Dear Sir,

I hereby apply for the grant of Merit-cum-Need Scholarship under the Nagpur Branch of WIRC of ICAI Late Smt. Sunita Devi Suresh Kumar Agrawal Scholarship Scheme. I give below the relevant particulars for your consideration. I understand that the information contained herein forms the basis for consideration of grant of scholarship and that, if the information is found to be wrong, the scholarship may be withdrawn immediately without prejudice to the recovery of the amounts already advanced to me.

PARTICULARS

- | | | | |
|----|---|----------------------|--|
| 1. | Name in full
(CAPITAL LETTERS) | <hr/> | <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;">Affix latest
photograph
(Passport size)</div> |
| 2. | Registration No. | <hr/> | |
| 3. | Date of Birth | <hr/> | |
| 4. | Full Address | <hr/> | |
| | (a) Correspondence | <hr/> | |
| | | <hr/> Pin Code <hr/> | |
| | (b) Permanent | <hr/> | |
| | | <hr/> Pin Code <hr/> | |
| | Contact Number (s) | <hr/> | |
| | Email ID | <hr/> | |
| 5. | (a) Father's/Guardian's Name | <hr/> | |
| | (b) Occupation (Service/Business/Other means of livelihood). Please furnish below the name of the organization and designation of the post held, name of the firm and nature of business carried on or other relevant particulars as may be applicable. | <hr/> <hr/> <hr/> | |
| 6. | Total yearly income of parents/guardian from all sources (Write in words also) | <hr/> | |

7. a) **Particulars of passing the SSC/University Examination [enclose attested photocopy (ies)]**

S.No.	Examination Passed	Month & Year	Aggregate of Marks Secured	Percentage of Marks	Name of the University/ Institution
1					
2					

b) **Particulars of passing CPT / IPCC Course Examination of the Institute. [enclose attested photocopy (ies)]**

S.No.	Examination Passed	Month & Year	Aggregate of Marks Secured	Percentage of Marks	Attempt Number
1					
2					
3					

8. Name, Membership Number and address of the Chartered Accountant under whom the candidate is receiving training under the Chartered Accountants Regulations. (if applicable)

Date and Year of Commencement of Articles	Expected Date of Completion of Articles	Date of First eligible attempt for CA Final Exam

9. Whether Physically Challenged (If Yes, enclose attested copy of certificate issued by the Hospital under the Central/ State Government)

10. List of the attested documents attached. Tick the Certificates attached.

- (i) Marksheet of SSC/ University Examination
- (ii) Marksheet of CPT/IPCC Examination.
- (iii) Physically Challenged Medical Certificate, if applicable

I hereby declare that the statements made by me in this application form are true to the best of my knowledge and belief. I further agree to abide by the terms and conditions of the award if I am selected for the Scholarship applied for.

(Signature of the student)

Place _____

Date _____

For students undergoing Articled Training

Certified that Shri/Ms. _____ Was admitted as an articled/audit clerk in our firm from _____ and that he/she would be completing the prescribed period of training under the Chartered Accountants Regulations on _____

Signature of the Member

Membership No. _____

Name _____

Name of the Firm _____

Address _____

Date _____

For students not undergoing Articleship

CERTIFICATE

This is to certify that Shri/Ms. _____ (Reg. No. _____) is continuing to be a student of IPCC/Final Course of ICAI. His/her conduct has been found to be satisfactory.

Signature of the member of the Institute

(Membership No.) OR

Head of Educational Institution/Gazetted Officer

Date :

Seal

Address:



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FORM-2

Certificate of Income to be submitted by the Parents/ Guardian of the Applicant

I, _____ father/guardian of
_____ Who has applied for the grant
of Scholarship under the Nagpur Branch of WIRC of ICAI "Late Smt. Sunita Devi Suresh Kumar
Agrawal Scholarship Scheme", declare that my total annual income, including the income of my
wife and of son/ward, in the preceding year ended 31st March, _____ was Rs. _____ (in
Words _____)

Date _____ (Signature)
Name _____

(To be signed in the presence of a CA/Magistrate /Notary Public who would also affix his signature
and seal).

Date _____ (Signature)
(SEAL)



NAGPUR BRANCH OF WIRC OF ICAI
LATE SMT. SUNITA DEVI SURESH KUMAR AGRAWAL SCHOLARSHIP
FORM NO. 3
ADVANCE RECEIPT

PART-I

Ref. No. :

Received a sum of Rs. _____ (_____) from the
Nagpur Branch of WIRC of the Institute of Chartered Accountants of India against (Merit Cum Need –
Based Scholarship) / Endowments Scheme for the period from
_____ to _____

(On revenue stamp)

Signature of the Student

Name: Reg. No.:

Full Address:

Contact No:

Email ID:

Date:

For students undergoing Articleship *

PART-II
CERTIFICATE

This is to certify that Shri / Ms. _____ (Articled Registration No.
_____) is serving under me as Articled / Audit Clerk.

Signature of the member

Name:

Membership No:

Address:

Dated: _____

For students not undergoing Articleship *

PART-III
CERTIFICATE

This is to certify that Shri/Ms. _____ (Reg. No. _____) is
continuing to be a student of IPCC/Final of ICAI. His/her conduct has been found satisfactory.

Signature of the member of the Institute

(Membership No) OR

Head of Educational Institution/Gazetted Officer

Address:

Date:

Seal

* Fill the Part-II or Part-III, whichever is applicable