

TAMIL PUDHALVAN SCHEME

2024-2025

APPLICATION FOR AVAILING MOOVALUR RAMAMIRTHAM AMMAIYAR HIGHER EDUCATION ASSURANCE SCHEME

1 Name of the Student:

2 Name of the college / institution :

3 College Roll No :

4 Year of Joining :

5 Name of the course :

6 Branch / Subject :

7 Duration of the course : 1 YEAR 2 YEAR 3 YEAR
 4 YEAR 5 YEAR

8 Have you studied from 6th to 12th standard in Government Schools : YES NO

9 If yes, till the details from columns 8 to 22

SL.NO	CLASS	NAME OF THE SCHOOL	YEAR OF PASSED
1	6TH STD		
2	7TH STD		
3	8TH STD		
4	9TH STD		
5	10TH STD		
6	11TH STD		
7	12TH STD		

10 Date of Birth :

11 EMIS number :

12 Aadhar Number :

13 Father's Name :

14 Mother's Name :

15 Guardian Name :

16 Community : BC MBC SC ST OBC OTHERS

17 Mobile Number :

18 Email ID :

19 10th Registration No :

20 12th Registration No :

21 Student Address :

22 Bank Details

Account Holder Name

Account No

Name of the Bank

Branch Name

IFSC Code

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately. In case of any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it

Signature of the Student

I hereby certify that the above student is a bonafide student of this college / institution

Signature of the Head of the Institution