

**ANNEXURE – A**  
**(To be filled by Students)**

**DAYANAND BANDODKAR SCHEME FOR HIGHER EDUCATION FOR ORPHANS**

**FORMAT FOR APPLICATION**

1. Name of the Applicant.....  
.....
2. Address of the Applicant.....  
.....  
Phone No.....Mobile No.: .....
3. (a) Course for which admission is sought.....  
(b) Duration of the Course: .....
4. Total amount of Fees Paid: .....  
(please attach fee receipt)
5. Name of the Guardian: .....
6. Address of the Parent / Guardian:.....  
.....  
Phone No. .... Mobile No. ....
7. Date, Month and Year of father's Death .....  
(please attach death certificate)
8. Date, Month and Year of mother's Death.....  
(please attach death certificate)
9. No. of years of Residence in Goa :  
(please attach Residence Certificate)

**DECLARATION**

I hereby certify that the information furnished by me above is true to the best of my knowledge. I am aware that in case of false information all the benefits granted to me shall be immediately withdrawn.

.....  
Signature of the students

.....  
Countersigned by Parent/Guardian