

ST BERCHMANS COLLEGE
APPLICATION FORM FOR CHERIATHUNDAM SCHOLARSHIP-2024-25

Year of Study	First Year/Second Year / Third Year			
Department & Course				
Name and class number				
Address & Phone number				
Parent's Name and phone number				
Parent's occupation and Monthly Income				
HSC/+2 Marks				
Last Semester Results- If mark list available, attach a copy, if not, fill the details of marks below and get attested by your Mentor				
	Subject	Marks	Grade	Pass/Fail
Overall Result: Pass /Fail				
Recommendation of the Mentor				
I have verified the Marks and Grades entered by this student and are found correct. Also I certify that the general character and behavior of this student is good.				
Name of Mentor:				
Signature:			Date:	
Recommendation of the Head of the Department				
I recommend this student to be considered for the Cheriathundam Scholarship. His/her character and conduct are (very good/good/satisfactory) (tick the one which is more correct).				
Signature:			Department Seal	
Date:				
Declaration of Student				
I certify that the information given above is correct to my knowledge and information.				
Name & Signature :				
Date:				
Place:				