

Name of the SCA:

**Adivasi Shiksha Rrinn Yojana – ASRY
(EDUCATION LOAN SCHEME OF NSTFDC)**

Please affix
3.5 X 3.5cm
recent
coloured
photograph

APPLICATION FORM

1. Name of the Applicant :

2. Father/ Mother/ Guardian's Name :

3. Name of the ST community :

ST Certificate No.:

Date of Issued (dd/ mmd/ yyyy)

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Certificate issuing Authority (SDO/ ADM) :

4. Rank Secured in the Entrance Examination:

Name of the Examination	Rank Secured	Entrance		AIEEE	CAT	Other (Specify)
		Engineering	Medical			

5. (i) Present Address & contact details :

Premises No:Street :Vill/ Town/ City:

P.O : District: Pin Code :

Tel. No.....Mobile.....Email ID.....

(ii) Permanent Address :

Premises No:Street :Vill/ Town/ City:

P.O : District: Pin Code :

Tel. No.....Mobile.....Email ID.....

6. i) Annual Family Income (Rs.) :

ii) Parent's/ Guardian's Occupation: a) Father.....b) Mother.....

7. i) Institute in which admission taken/ intended:

ii) Address & Contact details:

Tel. No. of institute with STD code:..... Email ID of Institute:.....

iii) Website:

8. Course title: Duration of course (Yrs.).....

9. Fees Payable to the institute showing year-wise breakup (Rs.)

Year/ Semester	1st	2nd	3rd	4th	5th	6th	7th	8th	Total
Admission Fees									
Tuition Fees									
Boarding & Lodging									
Books, Stationery etc.									
Instrument/ Lab Charges									
Caution Money									
Development Fees									
Examination Fees									
*									
*									
*									
TOTAL Fees Payable									
Amount of Loan Required									

* Please Specify

Information given above is true to the best of my knowledge & belief. My loan application shall be liable to be rejected if any of the information furnished above is found to be false. I understand that only 90% of the total course fees payable to the Institute would be provided by NSTFDC (National Scheduled Tribes Finance & Development Corporation) as loan and I agree to bear the remainder. I further undertake that I have not availed education loan from any other source and I am not getting any scholarship/ concession/ stipend from the Institution/ Government or any other source. I shall abide by the terms and conditions of the NSTFDC andin this regard.

(Name of State Channelising Agency (SCA))

Date :

(Full Signature of Applicant)

**(Signature of Co-loanee)
Father/ Mother/ Guardian**