

The Honorary Secretary,
 API, Karnataka Chapter, API BHAVANA,
 # 16/F Millers Tank Bed, Vasanthanagar,
 Bangalore 560052.

ASSOCIATION OF PHYSICIANS OF INDIA (KARNATAKA CHAPTER)

**APPLICATION FOR AWARD OF SCHOLARSHIP TO UNDERGRADUATE (MBBS) AND POSTGRADUATE MD
 (GENERAL MEDICINE) TO CHILDREN OF API-KC LIFE MEMBERS FOR THE YEAR 2012**

1	Name in full	
2	Address for correspondence	
3*	Age (Date & place of Birth)	
4	Sex M/F	
5	Name of father / guardian and their occupation.	
6*	Nativity	
7*	School /college where studied before joining MBBS / MD	PU College MBBS
8*	Marks obtained a. PUC b. I MBBS c. II MBBS d. III MBBS	<u>Total marks</u> <u>No of Attempts</u>
9*	Ranking in CET/Equivalent	
10*	Marks obtained in the entrance examination for MBBS/MD/.	
11*	Fees being paid to the college	
12	Applying for (Strike out what is not applicable)	MBBS Scholarship / MD Scholarship
13.	API Central Life Membership number of parent	
14.	API Karnataka Chapter Life Membership No of parent	

Certified that the information given above by me is correct and true to the best of my Knowledge and belief. Any wrong statement will debar me for consideration. * Attached certified copy countersigned by Principal / Head of Institution as proofs. Strike out what is not applicable.

Place:

Date:

Signature of the candidate

Counter signature of Principal / Head of the Institution.

Ref Para 4 (b)

I, _____, am applying for the award of **SCHOLARSHIP** for MBBS / MD (General medicine), for the year _____, from _____.

Copies of the following certificates are attached with the application.

<u>No</u>	<u>CERTIFICATE</u>	
1	Proof of date / Place of birth	Yes / No
2	Nativity Certificate	Yes / No
3	School/ College leaving certificate before joining MBBS / MD	Yes / No
4	Mark list University / PU mark sheet or equivalent / MBBS	Yes / No
5	Marks obtained in the entrance examination MBBS / MD	Yes / No
6	CET / Equivalent Rank Certificate	Yes / No
7	Fees paid to College/ CET	Yes / No
8	Any other	

Place

Date

Signature of the Candidate