

ICON Scholarship Fund

Application for Financial Aid

++ Inform! Involve! Inspire! ++



ICON

Instructions: Please complete all sections of this form, and return it signed along with all required documents. Please note that incomplete applications will delay the selection process.

Send completed form to ICON Scholarship Fund, PO Box 552, Bettendorf IA - 52722-0010. For additional enquiries, please send an email to ICON.Org@Gmail.com or visit www.ICON.Org.in/Charity/Scholarship

Applicant Information

Today's Date 14/4/06.

1 a. Applicant's Full Name Anjalymol. K.S.	2 a. Date of Birth 12/4/1988.
1 b. Email —	2 b. Place of Birth Kattappana.
3 a. Current Address Anjalymol. K.S. Kunnathu Chirayil House. Kattappana. P.O. Kunthalampara. Santhippady.	2 c. Sex () Male <input checked="" type="checkbox"/> Female
3 b. Phone —	4. Permanent Address: Anjalymol. K.S. Kunnathu Chirayil House - Kattappana. P.O. Kallukunnu. Pin: 685508.
College/School Information	6. Field of Study
5 a. Name Rajiv Gandhi School of Nursing	General Nursing and Midwifery
5 b. Address Rajiv Gandhi School of Nursing, 263, 111 Main Road, Parvathi Nagar, Bellary - 583101.	7 a. Completed Last Course General Nursing and Midwifery
5 c. Phone 08392 - 267646.	7 b. Grade or Percentage of Marks obtained: 66%.
5 d. Email —	
5 e. Website —	

Family Information

8 a. Father (Name): Kunjumon.	8 b. Occupation: coolly.	8 c. Age: 42.
9 a. Mother (Name): Raji Kunjumon.	9 b. Occupation: anganvady Teacher.	9 c. Age: 39.
10. Family Size (Number): 4	11. Total Family Income (Per Month): 1400/-	
12. Brothers & Sisters (Name and Age) Alwin Stephen. Age - 13.		

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Reference Information

Please provide information about at least two people who know you and your family situation.

<p>13 a. Name & Address</p> <p>Koshy George Ushoussal House Kattappana</p>	<p>13 b. Occupation: Business</p> <p>13 c. Phone: 272 252</p> <p>13 d. Relationship: Neighbor</p> <p>13 e. Email:</p>
<p>14 a. Name & Address</p> <p>K.M. Philipose Kasackal House Vellayamkudy. P.O. Kattappana, Kerala.</p>	<p>14 b. Occupation: Business</p> <p>14 c. Phone: 09447349881</p> <p>14 d. Relationship: Neighbor</p> <p>14 e. Email:</p>

Church Information

15 a. Name & Address of the Orthodox Church attending or Nearest Orthodox Church
 St. Mary's Orthodox Church, Kattappana, P.O. (elulali Dist)
 Kerala.

15 b. Name of the Parish Priest
 Fr. Prabhakar K. Kattappana

I hereby certify that the information provided in this application is accurate. I understand that if any information is found to be inaccurate or incomplete, ICON will deny me the scholarship. I also understand that the scholarship will be used only for my education and I will keep my grades in good standing.

Signature of Applicant: [Signature]
 (Signature of a Parent if Applicant is 17 yrs old or less)

Date: 16.4.2006

Do not write below this line

Office Use Only: Project No:	Sponsor Key:	Ref. Id.
Approved: () Yes () No	Amount:	Payment Details: CR No.
If not approved, reason		Date: Bank
Comments		Payee:



CERTIFICATE

Here with certifying that Mr. Miss. Arjalinet K.S
D/O Rajni ~~Kanjan~~ Kanjan is admitted 1st Year General
Nursing & Midwifery (G.N.M.) 3 Years Diploma Course. Conducting by us
at Bellary. Their fees and Expenditure Estimate statement is mentioned
below.

EXPENDITURE FOR THREE YEARS ESTIMATE.

	Ist Year	IInd year	IIIrd year
Registration Fee	500/-		
Tuition Fee	30,000/-	30,000/-	30,000/-
Hostel Fee	6,000/-	6,000/-	6,000/-
Clinical Fee	3,000/-	3,000/-	3,000/-
Transformation Fee	3,000/-	3,000/-	3,000/-
Uniform	1,150/-	---	---
Mess Fee (11x1050)	11,550/-	11,550/-	11,550/-
Caution Deposit	2,000/-	---	---
Total	57,200	53,550/-	53,550/-

Madhavi
PRINCIPAL

Rajiv Gandhi School of Nursing
BELLARY



INDIAN NURSING COUNCIL
COMBINED COUNCILS BUILDING
KOTLA ROAD, TEMPLE LANE
NEW DELHI - 110 002

Certificate No. 18-670/2000-INC

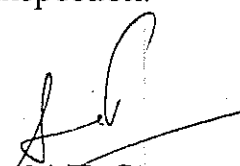
Date: 15/9/2005


Resolution No. 107/02/SEPT/2005

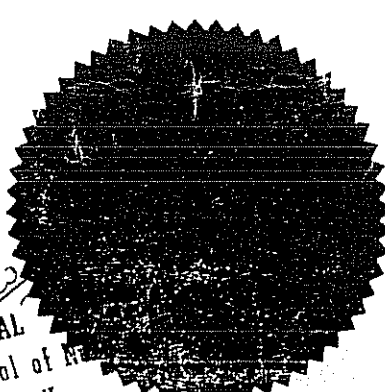
In pursuance of the provisions of sub-section (2) of section 13 of the Indian Nursing Council Act 1947. Indian Nursing Council declares that the course conducted by the Institution mentioned below, is an approved course of study for admission to an approved examination for the said course. The number of students to be admitted is as specified below-

Name of Institution	Name of Course	Number of seats
RAJIV GANDHI SCHOOL OF NURSING,, 263, 3RD MAIN ROAD, PARVATHI NAGAR,, BELLARY-583101, KARNATAKA	GNM	30 (Thirty)

This is valid for the period of **One year** from **15th September 2005** or till next inspection.


(Mrs. Shashi K. Chugh)
SECRETARY
Indian Nursing Council
New Delhi-110002


(T. Dileep Kumar)
PRESIDENT
Indian Nursing Council
New Delhi-110002


Mather
PRINCIPAL
Rajiv Gandhi School of Nursing
BELLARY