BC/MBC]	Dhirajlal Gandhi College of Technology						
Scholarship Course *								
					-			
Year *								
Academic Year*								
Student Reg. No. (Given Institution)*	by							
			Perso	nal Deta	ils			
Name of the Applicant *								
Parent / Guardian Name								
Date of Birth (dd-mm- yyyy)*		- 2			Gender *	_		
Religion *			•					
Community *			₹		Caste *	V		
Annual Family Income *					Lateral Entry *	C Yes C No		
First Graduate in Family	* 0	Yes No			Counseling No			
Email *					Mobile No. *			
			Bar	nk Details	S			
Student Bank Account No *					Bank Name *			
Name of the Payee *					Bank Branch *			
IFSC Code *					MICR Code *			
			Addr	ess Detai	ils			
Address for Correspondence	III			Permanent Address Same as Correspondence Address				
District *	•			District				
Taluk *	_			Taluk	Taluk			
Pincode *				Pincod	incode			
			Hos	tel Detail	s			
Hosteller *	0	Yes No						
If Yes	Paid Hostel O			ree Hos	tel			
Hostel Name					V			
Date of Joining Date of Leaving								