

M.KIDS EDUCATIONAL ASSISTANCE RENEWAL FORM

(Only for use for subsequent year of study)

FORM NO: 2

(PLEASE FILL IN CAPITAL LETTERS)

Stick
Recent
Photo
of Student

| | | | | | |
|----------------------------------|--------------------------------------|---|---------------------------------------|---------------------------|---|
| 1 | Member's Name | : | | | |
| 2 | Name of Organization | : | | | |
| 3 | MUT SCHEME Membership No | : | | Design. | |
| 4 | Field Address with pin code | : | | | |
| | | | | | |
| 5 | Phone No of Parent | : | | Mobile No | |
| 6 | Name of the Student | : | | | |
| 7 | Date of Birth of student | : | | Mob No of student | |
| 8 | Email ID of father/student | : | | | |
| 9 | Name of the Course | : | | Completing year | |
| 10 | Name of Educational Institution | : | | Annual fee (Attach proof) | |
| 11 | Address | : | | | |
| 12 | Date of Promotion | : | (Enclose Mark sheet/Pass Certificate) | | |
| 13 | Details of Assistance provided | : | By the Organization | | |
| | | : | By other Agencies | | |
| Name & details of funding scheme | | | | | |
| 14 | (Balance) Assistance amount required | : | | | |
| 15 | Bank details | : | Name of the Account holder | | |
| Bank Name | | : | Branch Name | | : |
| IFS Code | | : | Account Number | | : |

Declaration by Student & Parent

We assure to contribute a minimum of Rs. 1,000/- to help other Members children after successful completion of the course.

Place:

Date:

Signature of Student:

Signature of Parent:

P.S. Kindly check if all columns/rows have been filled. Incomplete applications may not be processed

Endorsement by the Organization:

The details submitted by the member have been checked and found accurate as per organization records. Organization has given Rs. as assistance to the above mentioned member for the educational assistance/loan/grant of the child for this year.

Recommended for Educational Assistance from MUT

| | | |
|---|---------------------------------|---|
| Signature of HR I/c Name of HR I/c: | Seal of the Organization | Signature of CEO Name of CEO: |
|---|---------------------------------|---|

Kindly send filled forms to: Dr. J. P. Lancelot, No:4, PHR Layout, Byrathi Cross, (Behind TONIQUE), Kothanur Post, Bangalore - 560077. Karnataka. Ph: [9731647741](tel:9731647741), E-mail: mkidscare@mutindia.org

Missionary Upholders Trust

FINANCIAL ASSISTANCE SCHEME FOR HIGHER EDUCATION FOR CHILDREN OF MUT SCHEME MEMBERS

Please read the following instructions before submitting the application for assistance

AIM: To provide partial financial assistance to the children of MUT Members in their pursuit of higher studies

ELIGIBILITY: Dependent Children of Members, who are part of MUT SCHEME & who are not otherwise employed.

HIGHER EDUCATION COVERED: Any UG/PG Degree/Diploma Course. Every year separate application form has to be submitted for getting assistance.

ASSISTANCE ENVISAGED:

Up to 100% of College Fees, **less grant provided by the Organization / other Agencies**, limited to a maximum of Rs. 25,000 /- per student per academic year on returnable basis.

DOCUMENTS TO BE SUBMITTED:

1. Application in the Form prescribed by MUT, duly signed by the student and his / her parent, and recommended by the CEO of the Member Organization, declaring the details of assistance provided by the Organization and other Agencies for this Course.

2. **Photocopy of Admission Letter / Bona-fide Student Certificate** issued by the Educational Institution, along with the paid Fees Receipt or details of Annual fees certified by the college and the photocopy of the bank passbook for account details.

3. Joint Declaration by the student and the parent, indicating the amount of assistance received and an assurance to contribute minimum of Rs. 1,000/- every month to help fellow MUT Members' children who are studying, after successful completion of the course. **By doing so you are making a commitment to bless others. You are blessed and now you be a blessing.**

ENSURE: All the columns are filled. If answer is No or Not applicable please write **NO** or **N/A**. **If all the columns are not filled & failure to attach the necessary documents, the application may not be processed.**

COMMUNICATION: Every student applicant is requested to personally talk over phone to MUT Mkids Coordinator Lancelot +919731647741 to establish communication. After this only the application will be processed. Every Mkid is expected to attend **MUT Retreat** once.

Kindly send filled forms to

Dr.J.P.Lancelot
No.4, PHR Layout
Byrathi Cross.
(Behind TONIQUE)
Kothanur Post
BANGALORE -560077
KARNATAKA
Email:
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