

## Dr. K. T. Abraham Endowment

### Application for Education Aid

1. Name and address of the applicant :  
With Ph. No
  
2. Father's Name & Occupation :
3. Name of the parish to which the  
Applicant belongs :
4. Age & Date of Birth :
5. Name of Institution, Class Semester & Year :
6. Whether the application is accompanied  
by the necessary certificates :
7. Percentage of marks obtained in the  
previous examination :
8. Source of Income including that from  
the property and profession of parents :
9. Details of financial aid received from  
a. Church :  
b. Parish :  
c. Organization :
  
10. Bank A/c details (attach a copy of pass book) :

I hereby affirm that the statements given above are true.

Signature of the Parent

Signature of the Applicant

Place:

Date:

---

Note: Application should be accompanied by **Course Certificate** from the Institution now studying and **copy of the Mark List** in the previous examination and a **letter from the Parish vicar**.

Mar Thoma Sabha Office

Tiruvalla-689 101

Secretary

Mar Thoma Public Charitable Trust