



# COUNCIL OF ARCHITECTURE

An autonomous Statutory Authority of Government of India

## SCHOLARSHIP FORM

FOR  
ECONOMICALLY DISTRESSED STUDENTS (EDS)

### DETAILS TO BE FILLED BY STUDENT

#### PERSONAL INFORMATION

First Name  Middle Name

Surname

Date of Birth  Gender ☐ Male ☐ Female ☐ Transgender

D D M M Y Y Y Y

Category ☐ General ☐ SC ☐ ST ☐ OBC ☐ EWS ☐ Others (Pl. Specify) .....

PHOTO HERE

#### CONTACT INFORMATION

Address for Correspondence : .....

State : .....

City : .....

Pin Code :

Mobile Number :  Email ID : .....

State of Domicile : .....

#### ACADEMIC INFORMATION

Class 12th or Equivalent : .....

Board Name : ..... Year of Passing : .....

Marks Obtained (%) : .....

NATA Roll Number : .....

NATA Score : .....

Name of COA Approved institution  
opted for admission to B.Arch : .....

Present Year of Study : ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

#### FAMILY & FINANCIAL STATUS

Father's Name : .....

Mother's Name : .....

Occupation of Parent/Guardian : .....

Annual Gross Family Income (in ₹) : .....

Loss of Earning Family Member ? : ☐ Yes ☐ No

## IDENTIFICATION DETAILS (ATTACH COPY OF ANY ONE)

- ☐ Aadhaar Number : .....
- ☐ Voter ID : .....
- ☐ Passport : .....
- ☐ PAN Card : .....
- ☐ Driving License : .....
- ☐ College/Institute ID Card : .....
- ☐ Other (Specify) : .....

## ADDITIONAL INFORMATION

Are you in receipt of scholarship/ grants from any other source? ☐ Yes ☐ No (if yes, furnish details)

Name of scheme : ..... Amount : .....

Duration : .....

## DECLARATION BY STUDENT

I hereby declare that the information provided above is true and correct to the best of my knowledge.

I am not availing the benefit of any other scholarship/fee waiver/reimbursement scheme from any Authority/Central govt./State govt.

I understand that, in the event I am found to be involved into ragging incident, my scholarship is liable to be cancelled and I shall be required to refund the scholarship awarded to me by COA.

Signature of Applicant ..... Date .....

## DETAILS TO BE FILLED BY INSTITUTION

Verification by Head of Institution

This is to certify that Mr./Ms. .... is a bonafide student of this institution, enrolled in the B.Arch. programme since ..... vide Roll No. .... The details furnished by him/her have been verified with our records and found correct.

## BANK ACCOUNT DETAILS (INSTITUTION'S ACCOUNT)

Account Holder Name : .....

Bank Name : .....

Branch & IFSC Code : .....

Account Number : .....

The Institution hereby undertakes that all the information provided by the Student and the Institution is correct and in case of any contradiction, the same shall be brought to the notice of the Council immediately.

Signature & Seal of Head of Institution : .....

Name & Designation .....

Date : .....

## CHECKLIST OF ENCLOSURES (SELF-ATTESTED COPIES)

1. Class 12th / Equivalent Marksheet
2. Proof of Admission in COA-approved Institution
3. Income Certificate (not exceeding ₹4.5 lakhs p.a.)
4. Identity Proof (Aadhaar / Alternative as per guidelines)
5. Bank Passbook (first page with photograph & account details)