

KOVAI KALAIMAGAL COLLEGE OF ARTS AND SCIENCE

An Autonomous Institute Affiliated to Bharathiar University

Re-Accredited with 'A' Grade by NAAC

Vellimalaipattinam, Narasipuram Post, Thondamuthur Via,
Coimbatore -641 109.

Phone Number : 9629403665,9500564940



Application for Scholarship by KKCAS Alumni Association (20 ----- - 20 -----)

Date: _____

From

To

The Principal,
Kovai Kalaimagal College of Arts & Science
Vellimalaipattinam, Narasipuram Post
Thondamuthur (via), Coimbatore -641109.

Sir,

Sub: Application for getting Scholarship by KKCAS Alumni Association
for the years 20 - 20 - Reg.

I _____ have joined _____

in our college (KKCAS) during the 20 - 20 . I am enclosing herewith filled in scholarship application form to avail Alumni scholarship through KKCAS Alumni Association. I request you to kindly consider my application and forward the same which may help me to receive the scholarship amount for my higher studies.

Thanking you,

Yours faithfully,

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Date: _____

1. Name of the Student : _____

2. Class : _____

3. Batch : _____

4. Date of Admission : _____

5. Gender : _____

6. Community : _____

7. Marks obtained in : _____

Percentage of Marks					
HSc	I Sem	II Sem	III Sem	IV Sem	V Sem

8. Address with Contact Number: _____

9. Personal Details :

S.No	Name	Relationship	Occupation	Annual Income
1				
2				

DECLARATION

I declare that the above informations are correct to the best of my knowledge.

Signature of the Student

HoD

OS

Principal