



C.V.O CHARTERED AND COST ACCOUNTANTS ASSOCIATION

304, Jasmine Apartment, Dadasaheb Phalke Road, Dadar (E), Mumbai: 400014. Tel: 24105987.

Our Motto

Professional Excellence

Form No. ____/____(Month)/____(Year)

Date of Receipt of Application

**APPLICATION FOR EDUCATIONAL ASSISTANCE
(FOR CA-CPT/IPCC/FINAL)
(FOR CS-FOUNDATION/EXECUTIVE/PROFESSIONAL)
(FOR ICWA-FOUNDATION/INTERMEDIATE/FINAL)**

DATE: ____/____/____

To
The Managing Committee
CVO Chartered and Cost Accountants Association
304, Jasmine Apartments, D.S. Phalke Road,
Dadar, Mumbai – 400 014.

Passport Size
Photograph

I, the undersigned wish to apply for Educational Assistance of Rs. _____ (Rupees _____) for CA/CS/ICWA- _____ Course, under your

CA Shri Shantilal Vershi Kheraj Haria Educational Assistance Fund. I have read the terms and conditions of Educational Assistance mentioned overleaf and agree to abide by them.

My other details are as under (Please fill in Block Letters)

FULL NAME OF STUDENT: _____
(First name) (Father's name) (Grandfather name) (Surname)

DATE OF BIRTH & AGE: _____/_____(DD/MM/YYYY)

RESIDENTIAL ADDRESS: _____

PHONE NO.: _____ **Mobile No.:** _____ **E-mail ID:** _____

VILLAGE IN KUTCH: _____

EDUCATIONAL QUALIFICATION:

	Month & Year of passing	Examination passed	Name of School / college	Marks		%	Remarks
				Obtained	Out of		
S.S.C. (or Equivalent)							
SYJC							
TY. B.COM.							
CPT							
IPCC							

ESTIMATED EXPENSES:

Institute	Installment Date	Amount Paid	Balance Amount

DETAILS OF FAMILY MEMBERS:

Sr. No.	Name	Age	Relation With The Applicant	Occupation / Service	Name of Co. & Address of Occupation / Service	Annual Income
1			Self	Student		-
2						
3						
4						
5						
Total						

NAME AND ADDRESS OF FIRM WHERE UNDERGOING ARTICLESHIP: _____

(Note: Attach letter from principal along with current stipend in the enclosed format)

STUDENT REGN. NO.: _____
(with institute)

PERIOD OF ARTICLE-SHIP: FROM _____ TO _____

WHETHER STUDENT ASSOCIATE MEMBER OF THIS ASSOCIATION? _____

TOTAL AMOUNT OF EDUCATIONAL ASSISTANCE APPLIED FOR?

- a. Institute fees Rs. _____ b. Classes fees Rs. _____
- c. Other (specify) Rs. _____ d. Total Rs. _____

Have you obtain any concession letter for any classes from CVOCA association? _____

WHETHER ASSISTANCE/LOAN AVAILED FROM ANY OTHER TRUSTS/ASSOCIATION: _____
(Specify)WHETHER ANY EDUCATIONAL ASSISTANCE OBTAINED FROM THIS ASSOCIATION IN EARLIER YEARS?
(Give details): _____

REFERENCES (Give name, address, village, phone nos. & relationship if any)

From Village

- 1) _____
- 2) _____

CVO Association Member's recommendation: (Give name, address, village, phone nos. & relationship if any)

TERMS & CONDITIONS:

- 1 Documents should be submitted in duplicate.
- 2 References of the close relative should not be given.
- 3 The Educational Assistance amount should be used only for the purpose for which it is given.
- 4 If application is incomplete in any respect, it is liable to be rejected.
- 5 The Association reserves its right to call back the amount of Educational Assistance in case of violation of any terms & conditions.
- 6 If student applying for Assistance is below the age 18, then form needs to be signed by guardian/parent on behalf of Student.
- 7 Original documents to be produced for verification at the time of interview.
- 8 10 post-dated cheques to be issued towards repayment of Education Assistance, when called for interview.

I have attached the following documents along with my application form:

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| 1 Photocopy of Ration Card | <input type="checkbox"/> | 4 Photocopy of Latest Identity Card | <input type="checkbox"/> |
| 2 Photocopy of Mark Sheet of Last two Exam | <input type="checkbox"/> | 5 Photocopy of Electric Bill | <input type="checkbox"/> |
| 3 Photocopies of Fees Receipts | <input type="checkbox"/> | 6 Photocopy of Telephone Bill | <input type="checkbox"/> |
| Letter from Principal Where undergoing | <input type="checkbox"/> | 8 Any other(Specify) | <input type="checkbox"/> |
| 7 Article ship | <input type="checkbox"/> | | |
| 9 Photocopy of Aadhar Card | <input type="checkbox"/> | Income Statement of Parents | <input type="checkbox"/> |
| | | 10 Income Tax Return & Statement | <input type="checkbox"/> |

Date:

Signature of student/parents:

: For Office Use :

Application Received on :

Meeting called for disbursement on :

Total Amount Sactioned :

Amount Disbursed :

Date	Amount	Details

Undertaking

I _____ (Full Name of student) / I _____(Full name of parent / Guardian) of student _____ do hereby solemnly / Jointly affirm that to the best of our knowledge and belief, the information given herein this application for Educational Assistance is Correct, complete and I have / my son / daughter or we have not claimed any amount twice either from C.V.O.C.A. Association or any other institution / trust in respect of same fees except as mentioned in this form. I / We hereby jointly and severally Promise to repay the above Interest free Assistance within Five years of Receipt of this Assistance or On Completing the CA/CS/ICWA education, whichever is earlier

Date: _____

(Name & Signature of student / Parent)

C.V.O CHARTERED & COST ACCOUNTS ASSOCIATION

ACKNOWLEDGEMENT FOR EDUCATIONAL ASSISTANCE RECEIPT

I, _____(student) & I _____(Parent & Natural Guardian of _____) do here by acknowledge the receipt of Rs._____/-(Rupees Thousand only) Received vide cheque No._____ Dated _____drawn on Bank of India, Naigaum Branch (Bank Name) as an EDUCATIONAL ASSISTANCE From C.V.O CHARTERED & COST ACCOUNTANT ASSOCIATION, 304, Jasmine Apt, D.S.P. Road, Dadar – East, Mumbai – 400014,

(Signature of Student / Parent)

(Name of Student / Parent)

Dated:_____

EDUCTAION ASSISTANCE REPAYMENT SCHEDULE

I, _____, student & I _____ Parent of _____ Student, do hereby acknowledge to have received Education Assistance of Rs. _____ /- (Rupees _____ only) on this _____ day of _____, 201_ for pursuing CA/CS/ ICWA course, I / We here by promise to start repayment of Assistance from _____ and repay the entire Assistance by monthly/quarterly installment of Rs _____/-

(Signature of Student / Parent)

(Name of Student / Parent)

Date: _____

Payment Schedule

[illegible]

(Format of letter to be taken from Principal)
(on letter head)

To,
The Managing Committee
CVO Chartered and Cost Accountants Association
304, Jasmine Apartments, D.S. Phalke Road,
Dadar, Mumbai – 400 014.

Respected Sir/Madam

This is to certify that Mr/Ms_____ is a needy & bonafide student of ICAI/ICSI/ICWA, studying in _____ year of his CA/CS/ICWA course. We herewith confirm that he/she is undergoing article ship in our firm. Further his/her monthly stipend is Rs._____/-

Thanking You
Yours Faithfully
For_____
Chartered Accountants

(Partner/Proprietor)
(Name & Membership no.)