

**BADRIVISHAL PANNALAL  
PITTI TRUST**

(IN ASSOCIATION WITH)

**RAMMANOHAR LOHIA  
SAMATA NYAS**

6-3-648/401, 4TH FLOOR, PADMAJA LANDMARK, SOMAJIGUDA, HYDERABAD - 500 082 Tel: 040-23311056

APPLICATION FORM FOR EDUCATIONAL ASSISTANCE FOR THE ACADEMIC YEAR : **2023-24**

APPLICATION NO: **523**

LAST DATE FOR SUBMISSION  
02.11.2023

DATE : 30.10.23

1	NAME OF THE STUDENT (In block letters)	JAMALPUR VARSHIKA NARAYAN
1a	MALE / FEMALE (tick in the box)	MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>
2	FATHER'S / GUARDIAN'S NAME	JAMALPUR SATYANARAYAN
3	RESIDENTIAL ADDRESS	H.No. 18-6-394 Gowdipura, Laldarwaza Hyderabad.
4	CONTACT NUMBER : (RES / MOBILE NO)	6300414565
5	EMAIL ID	Varshikanarayanjamalpur@gmail.com.
6	OCCUPATION OF PARENT / GUARDIAN	TAILOR
7	TOTAL MONTHLY INCOME OF THE FAMILY MEMBERS - ENCLOSE THE INCOME CERTIFICATE	1,80,000
<b>DETAILS OF LAST YEAR:</b>		
8	CLASS / COURSE STUDIED	MPC
9	NAME OF THE SCHOOL / COLLEGE / INSTITUTE	NARAYANA JUNIOR COLLEGE
10	IF OTHER THAN MARKS & PERCENTAGE SUCH AS GRADE ETC., IS GIVEN, THEN APPLICANT HAS TO CONVERT THOSE INTO MARKS & PERCENTAGE	847 / 84.7%



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APPLICATION FORM FOR EDUCATIONAL ASSISTANCE FOR THE ACADEMIC YEAR : **2023-24**

APPLICATION NO: **524**

LAST DATE FOR SUBMISSION  
02.11.2023

DATE : 30.10.23

1	NAME OF THE STUDENT (In block letters)	ANNELA BHAVANI
1a	MALE / FEMALE (tick in the box)	MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>
2	FATHER'S / GUARDIAN'S NAME	ANNELA SRINIVAS
3	RESIDENTIAL ADDRESS	HNo- 5-1-139 PREMAKATHIPET RAJENDRANAGAR HYDERABAD
4	CONTACT NUMBER : (RES / MOBILE NO)	8465930413
5	EMAIL ID	annela bhavanig@gmail.com
6	OCCUPATION OF PARENT / GUARDIAN	BUSSINESS
7	TOTAL MONTHLY INCOME OF THE FAMILY MEMBERS - ENCLOSE THE INCOME CERTIFICATE	50,000
<b>DETAILS OF LAST YEAR:</b>		
8	CLASS / COURSE STUDIED	MBA - 1 <sup>st</sup> YEAR
9	NAME OF THE SCHOOL / COLLEGE / INSTITUTE	METHODIST COLLEGE OF ENGINEERING & TECHNOLOGY
10	IF OTHER THAN MARKS & PERCENTAGE SUCH AS GRADE ETC., IS GIVEN, THEN APPLICANT HAS TO CONVERT THOSE INTO MARKS & PERCENTAGE	8.10



APPLICATION NO: **248**

LAST DATE FOR SUBMISSION  
02.11.2023

DATE: **26/10/23**

1	NAME OF THE STUDENT (In block letters)	DHRUVA SHARMA
1a	MALE / FEMALE (tick in the box)	MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>
2	FATHER'S / GUARDIAN'S NAME	
3	RESIDENTIAL ADDRESS	4-5-919/003, ARIHANT KRUPA
		KRUPARAM BAGH, BADI CHOWDI
		HYDERABAD - 500095
4	CONTACT NUMBER : (RES / MOBILE NO)	7799303044
5	EMAIL ID	dhruvasharma30@gmail.com
6	OCCUPATION OF PARENT / GUARDIAN	
7	TOTAL MONTHLY INCOME OF THE FAMILY MEMBERS - ENCLOSE THE INCOME CERTIFICATE	
<b>DETAILS OF LAST YEAR:</b>		
8	CLASS / COURSE STUDIED	BE 3 <sup>rd</sup> SEMESTER
9	NAME OF THE SCHOOL / COLLEGE / INSTITUTE	METHODIST COLLEGE OF ENGINEERING & TECHNOLOGY
10	IF OTHER THAN MARKS & PERCENTAGE SUCH AS GRADE ETC., IS GIVEN, THEN APPLICANT HAS TO CONVERT THOSE INTO MARKS & PERCENTAGE	CGPA - 9.57

Received original form *Dhr* 28/10/23

