



**DATO SRI BRIJKISHORE AGARWAL FOUNDATION
APPLICATION FORM**



Read the application procedures and the terms and conditions carefully before completing same.

Course Applied For:	Name of Institution:
.....

Are you presently enrolled at any University : YES NO

If : "yes", please provide the following information :

Name of educational institution:

Name of the course and year enrolled:

Application Procedure:

Print clearly or write legibly. False particulars or willful suppression of materials facts will render you liable to disqualification.

All required documents must be submitted with application.

Application must be in sealed envelope and marked on the TOP LEFT HAND CORNER the selected course's) of study and the institution applied for.

Note: *Proof of posting in not proof of receipt.*

Address application form to:

**The Secretary
Dato Sri Brijkishore Agarwal Foundation
15-16 Jalan Besar
39000 Tanah Rata
Cameron Highlands
Pahang, Malaysia**

Application must meet the following conditions:

- * Malaysian citizen below the age of 25.
- * The scholarship is not applicable for post-graduate studies
- * Preference is to be given to residents of Cameron Highlands regardless of race or religion.
- * Possess good result in SPM/STPM of other equivalent qualifications.
- * Be active in sports and extra-curricular activities.
- * Must not be bonded to or in receipt of any financial aid or rewards from other educational institutions organizations.
- * The scholarship is only applicable for tertiary education in an approved University in Malaysia. (Please enclose a copy of the University offer letter together with this application)

Section A Personal Details

Full Name (as in IC)

Residential Address:

.....

.....

.....

House Tel : Hand phone: Email Address:

Nationality:

Race:

Religion:

Date of Birth: / /

Sex: Male Female

I/C No. (New)

Married Status:
 Single Married

Languages
 Spoken: Written:

Section B

Education Qualifications

SPM / SPMV Examination Results

Name and Address of School:

 Tel:

Year Taken

Subject	Grade

Subject	Grade

STPM / "A" Level Examination Results

Name and Address of School:

 Tel:

Name of Examination

Year Taken :

Overall Grade:

Aggregate / CGPA:

Subject	Grade

Subject	Grade

Other Qualifications / Awards

Date	Name of Examination / Award	Grade / Award

Section C

Work Experience (if any)

Name and Address of Employer	Designation	Period

Section D**Medical Condition**

State present health condition and give details of any illness or disability that requires attention:

Section E**Extra-Curricular Activities / Reason's) for Applying**

On a separate sheet of paper, please provide:

- a) Details of extra-curricular activities, including membership of societies / associations.
- b) State briefly your reason(s) for applying.

Section F**Family Background****Father**

Name:	Age:
Home Address:	
Tel:	

Name and Address of Employer:
Tel:

I/C No.:
House: <input type="checkbox"/> Family Owned
<input type="checkbox"/> Rented

Occupation:

Mother

Name:	Age:
Name and Address of Employer:	
Tel:	

I/C No.:
Occupation:

Guardian (if applicable)

Name:	Age:
Name and Address of Employer:	
Tel:	

I/C No.:
Occupation:

Section G**Referees**

Give name, address and occupation of two (2) referees (*not related to the applicant*)

Name: (Dr. / Mr. / Mrs. / Ms)

Name: (Dr / Mr. / Mrs. / Ms)

Address:

Tel:

Address

Tel:

Occupation:

Occupation:

DECLARATION BY APPLICANT

I recognize that the information constitutes representations to you where on which your decisions may be based. If at anytime hereafter you were to find such information materially false / untrue or if there is any omission, you shall be at liberty to take such action against me and my guarantor (s) including termination of any benefit granted me and recovery of any benefit hitherto extended to me and all cost thereby incurred shall be borne by me.

I recognize that if any award is not a direct grant, but is granted by any other sponsor / donor / educational institution or any corporation, then any subsequent failure to contribute, discontinuance, termination, suspension or variation shall not be the responsibility of the Dato Sri Brijkishore Agarwal Foundation and I hereby agree to waive any right of action(s) against the Dato Sri Brijkishore Agarwal Foundation.

I undertake to complete the course of study with diligence and within minimum time, to report to you and to furnish you progress reports / term results immediately upon their issuance to me and all receipts for payments of fees and incidental expenses.

I confirm that I have read all the terms and conditions in respect of this application and I hereby agree to be bounded by the same.

Name:

I/C No.

Signature:

Date:

PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS.

Identity Card (both sides)

SPM / SPVM / STPM / 'A' Level / Other
Equivalent Qualifications.

Testimonial(s) and Record(s) of Participation in
Extra-curricular Activities

Letter of offer from any University in Malaysia.

Birth Certificate

Were you a scholarship recipient before?

Yes No

If "Yes" please provide the following information:-

Year	University / College	Course

Has/ have any of your sibling(s) [brother(s) / sister(s)] benefited from this fund?

If applicable, please state the following:-

Name	Relationship	Course	College	Year Admitted

For Office Use

Date Application Received

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Documentation Required

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Date of interview

--

Remarks

--

Recommended for Scholarship

Yes

No

Remarks

--

.....
Signature of Secretary

.....
Date

Notes

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