



# Sindhi Youth Association

(Sponsors - P D Hinduja Sindhi Hospital, Bangalore)

12th Cross, Sampangiramnagar, Bangalore-560 027

Tel: 49030303, 49060606



## APPLICATION FORM FOR MERIT AWARDS: 2021-22

Co-sponsors: MENDA FOUNDATION, Bangalore

Please apply only after the results declared of the fully completed course.

Affix recent  
passport size  
colour  
photograph  
and attach  
another copy  
separately

**1 Category of award applied for Professional course**  StdX  StdXII  Degree Course  
 Post Graduate Course  P.G. in Professional Course  
 Any other specify. \_\_\_\_\_

**2 Group**  Science  Commerce  Arts  
 Any other specify \_\_\_\_\_

**3 Stream of Education:**  CBSE  ICSE  State Board  
 Any other University \_\_\_\_\_

**4 Name (in Block Letters)** \_\_\_\_\_

**5 Address** \_\_\_\_\_

**6 Mobile** \_\_\_\_\_ **7 Sex**  Male  Female  Others

**8 Date of Birth** \_\_\_\_\_

**10 Exam Passed** \_\_\_\_\_ **Year Passed** \_\_\_\_\_  
Full Course Completed Yes  No

**11 Marks Scored** \_\_\_\_\_ / \_\_\_\_\_ **Percent** \_\_\_\_\_  
CGPA point \_\_\_\_\_ / \_\_\_\_\_

(1) Please enclose certified copies of all semesters compulsorily.

(2) Please include aggregate of all semesters wherever applicable

12 School/College

13 Address \_\_\_\_\_  
\_\_\_\_\_

14 School / College / Degree completion certificate enclosed: Yes  No

15 Conduct certificate enclosed: Yes  No

16 Present Status:

(i) In case studying, details of Academic Course \_\_\_\_\_

(ii) Name of the College / Institution \_\_\_\_\_

(iii) If in service, name of Company & designation \_\_\_\_\_

(iv) Address \_\_\_\_\_  
\_\_\_\_\_

17 Any outstanding achievement/extra curricular activity / Any other testimonials  
Information (use additional sheet if necessary)

18 Whether won any Awards previously from Sindhi Youth Assn Yes  No

Year \_\_\_\_\_ for \_\_\_\_\_

19 Whether won any Awards from any other Organisation Yes  No

Year \_\_\_\_\_ for \_\_\_\_\_

20 Name and address of the organization \_\_\_\_\_

21 Father's Name

22 Educational Qualification

23 Occupation/Service

24 Firm Name and Address

\_\_\_\_\_  
\_\_\_\_\_

25 Tel [ ] - [ ] / [ ] 26 Mobile [ ]  
27 Email [ ]  
28 Mother's Name [ ]  
29 Educational Qualification [ ]  
30 Occupation/Service [ ]  
31 Tel [ ] - [ ] / [ ] 32 Mobile [ ]  
33 Email [ ]

**Applications are invited from Sindhi candidates residing in Bangalore.**

\*This application should compulsorily contain all properly attested/certified copies of Marks sheets and Certificates by the Principal / Gazetted officers.

**\*Application with incomplete information or without enclosures or attestation shall not be entertained.**

Please include aggregate of all semesters wherever applicable.

Please enclose certified copies of all semesters compulsorily.

Place:

Date

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Parent's Signature

Filled-up forms along with enclosures should reach the Chairman  
**on or before 20th MAY 2023**

**Balilal K Chhabria**

Chairman, Merit Awards Sub-Committee

**Sindhi Youth Association**

P.D. Hinduja Sindhi Hospital, 12th A Cross,  
Sampangiramanagar, Bangalore – 560 027.

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Mobile: + 91 99007 24818

cc to email: [balilalchhabria@gmail.com](mailto:balilalchhabria@gmail.com)

Mobile: + 91 99455 66067

website: [www.hindujasindhospital.com](http://www.hindujasindhospital.com)

**Note: This form may be photocopied or downloaded from our website and filled up for additional application form**