

9. Other information:

Educational Qualification	
Name of the Institute	
Ambition	
Motivational Force	
Any Special Awards for Sports	
Place of Regular Sports Practice	
Details of Personal Coach	Name: _____ Mobile No.: _____

10. Family Background: (write the details of all your family members)

Sl. No.	Name	Age	Relationship to you	Contact Number	Educational Qualification	Occupation	Monthly Income
1							
2							
3							
4							

11. Assets owned by the Family:

House	Owned / Rented - _____ Kuccha / Pucca - _____
Shop	Own / Rented - _____ Location - _____
Agricultural Land	Location - _____ Area - _____ Details of Crops - _____
Other Land	Location - _____ Area - _____
Vehicle	Motorcycle - _____ Others - _____

12. Other Details:

Total Monthly Family Income	
Number of Family Members dependant on above Family Income	
Total Monthly Family Expenditure (excluding sports)	
Monthly Financial Support from Relatives / Friends etc	
Monthly Expenditure for sports (including personal coach)	
Details of Other Scholarships received by you	

Declaration:

- I hereby declare that all the information furnished above is true and complete to the best of my knowledge.
- I have enclosed copies of all the required documents including Identity and Address proof, Family Income Certificate (Issued by Employer/Bank Manager/SDO/BDO/Any Gazetted Officer/MBBS Doctor), Bank details, Educational Qualification proof, All certificates of sports achievements, Coach's assessment form etc.

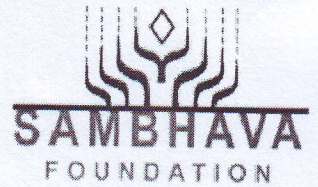
Date: _____

(Signature of the Parent)

(Signature of the Applicant)

SAMBHAVA FOUNDATION

ASSESSMENT FORM FOR SPORTS SCHOLARSHIP



COACH'S ASSESSMENT FORM

(To be filled in and signed by the Coach and also countersigned by the affiliated Institute)

Name of the Applicant	
Sport Skill	
Name of the Affiliated Institute	
Name of the Coach	
Contact details of the Coach	Mobile No.: _____ Email ID: _____

Assessment of the Sportswomen by the Coach:

(In a scale of 10; Poor - 0, Excellent - 10)

Sincerity	Potentiality	Physique	Mental Strength	Skill	Behaviour

Expectation of the Coach from the Applicant - How far she can progress / achieve (Compulsory)	
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Comments and Recommendation by the Coach regarding her financial need for sports and her performance (Compulsory)	
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<i>Coach</i>		<i>Affiliate Institute</i>	
Signatures		Signatures with Rubber Stamp	
Date		Date	