# SAMBHAVA FOUNDATION

KCI Plaza, 7<sup>th</sup> Floor, 23C, Ashutosh Chowdhury Avenue, Kolkata 700019 Tel .No. 2454-3063/3064/3065 Email: sambhavafoundationkol@kirtivardhan.com



(Charitable Trust under Income Tax Act vide Reg. No. DIT/(E)/12A/2008-09/5-5559/1071 dated 27.10.2008)

<b>APPLICATIO</b>	N FORM FOR	SPORTS S	CHOLARSHIP		
This sports scholarship appli provider will be final and bind This need based sports schol of West Bengal.  The scholarship will be remit given in any circumstances.	arship is being generally provi ted preferably by way of NE	h. ut assigning any reason ded to deserving and bu FT to the respective ba	and the decision of scholarshi dding sportswomen in the State ink accounts and no cash will be scontinued at any time withoung.		
Name of the Applicant					
Mobile No.					
E-mail ID			Please Paste your		
Residential Address & Contact Number			Latest Passport size Photograph		
Date of Birth					
Bank Details:					
Name of the Bank	Branch	TESCOLL			
	Di diicii	IFSC Code	Account Number		

### 7. Sports Skill:

1. 2. 3.

4.

5.

6.

1

2 3 4

5

6.

Name of the Sports	Event	Position of Play

#### 8. Sports Achievements:

Level (National / State)	Name of the Competition	Year	Place

9. Other info								
Name of the I	nstitute							
Ambition								
Motivational Fo	prce							
Any Special Av	ards for Sports							
	r Sports Practice							
Details of Personal Coach		Name	2:		Mobi	le No.:		
10 Family Pack	romounds (:t. 1)	1				10 1 10.1		
SI. No.	kground: (write the Name	Age	s of all your famil Relationship to you	y members) Contact Number	Educational Qualification	Occupation	Monthly	
1					Quantication		Income	
2								
3								
4								
11. Assets own	ed by the Family:							
House	Owned / Re	nted -		Kucch	na / Punna			
Shop	Own / Rente	ed -		Kuccha / Pucca - Location -				
Agricultural Lar	d Location -	Area - Details of Crops -						
Other Land	Location -		Area -		0014113-01-0	i ops -		
Vehicle	Motorcycle		Others	5 -				
12. Other Detai	La					4		
Total Monthly F								
	ly Members depen	dont on	ahawa Fariti T					
	amily Expenditure			ome				
	al Support from Re							
	MARKET THE RESIDENCE OF THE PARTY OF THE PAR						f .	
Toward of The	ocholal ships rece	eived by	/ you					
Details of Other aration: 1. I hereby dec	ture for sports (in Scholarships recent	eived by	you	ve is true and	l complete to the	: best of my kno	pwledg	
Certificate (	osed copies of al Issued by Employ Qualification proof	er/Ban	equired documen k Manager/SDO/	ts including :	Identity and Ac	ddress proof, I	Family I	
•								

## 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 Appl	icant					
Sport Skill						
Name of the Affiliated Institu	te					
Name of the Coac	h					
Contact details of the		Mobile No.: Email ID:				
•		Assessmer (In a	nt of the Spor	rtswomen by the <i>C</i> or - 0, Excellent - 10)	oach:	
Sincerity	Pot	Potentiality Physique		Mental Strength	Skill	Behaviour
Coach from Applicant - How she can progres achieve (Compulso	ss /					
Comments Recommendation the Coach regar her financial need sports and performance (Compulsory)						
			d d			
Coach		oach		Affiliate Institute		

	Coach	Affiliate Institute		
Signatures	- Au	Signatures with Rubber Stamp		
Date		Date		