



## KARNATAKA STATE BASKETBALL ASSOCIATION

Room #1, Sree Kanteerava Stadium Complex, Bengaluru-560 001

### APPLICATION FOR SCHOLORSHIP ASSISTANCE

Sl. No:

To,  
The Secretary,  
KSBBA, Bengaluru

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Dear Sir,

Kindly Consider me for the Scholarship scheme introduced by the Karnataka State Basketball Association. The particulars furnished by me hereunder are true and I agree to abide by the Rules & Regulations of the KSBBA.

Name	<input type="text"/>	Gender	<input type="text"/>
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DOB	<input type="text"/>	Height	<input type="text"/>	Weight	<input type="text"/>
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Currently Studying	<input type="text"/>	Phone(s)	<input type="text"/>
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(Submit last 3 years marks cards copy)

Parents Name(s) with Contact numbers	<input type="text"/>
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Aadhar No	<input type="text"/>	Email Id:	<input type="text"/>
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Residential Address	<input type="text"/>
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School/College Name & Address	<input type="text"/>
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Name of Club/ District Association	<input type="text"/>
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Sports History ( ✓ ) Tick mark the events & enclose the certificates			
<input type="checkbox"/> Inter District	<input type="checkbox"/> District Level	<input type="checkbox"/> State Camp (age group)	<input type="checkbox"/> State Team
<input type="checkbox"/> SGFI	<input type="checkbox"/> CBSC Cluster	<input type="checkbox"/> ICSC	<input type="checkbox"/> PU State
<input type="checkbox"/> PU	<input type="checkbox"/> Nationals	<input type="checkbox"/> KV National	
<input type="checkbox"/> School Games (Dist/State)			



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Current Financial Status (Income from all sources) Certificates to be provided

1. Father's/Guardian's Income	Rs.
2. Mother's Income	Rs.
3. Any other Source - Income	Rs.
Total Annual Income (all sources)	Rs.

Family Status: Number of Dependents	Male:	Female:
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If you have received any Educational Assistance earlier (State the amount):

From KSBBA		From any Other source	
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Declaration by Parent of Student:

- I ..... the undersigned declare hereby that this application for 'Scholarship' is in order and the information provided is true to the best of my knowledge.
- If any of the information is found incorrect, KSBBA can revoke the sponsorship and ask for return of the same.
- Please attach Marks Sheet of last 3 years of education.

Signature of Student	
Full Name of Student	

Date:

Signature of Parent	
Full Name of Parent	

Date:

Signature of President or Secretary of Club		Date:
Name & Address of Sponsoring Club		

Signature of President or Secretary of District Association		Date:
Name & Address of District Association		

For Office Use only:

Application Received Date:	
Amount Sanctioned:	
Reasons, if rejected	

Approved by:

President, KSBBA

Secretary, KSBBA