



KALIMA TRUST

(Kumari Arabian Living Integrated Muslim Association)

OFF : 73D 2-3, Afham Complex, Opp. Of IOB Elankadai Branch,

Parakkai Road, Nagercoil – 629 002

Kanyakumari District

Web: www.kalimatrust.org

E mail: info@kalimatrust.org

Ref No :

Date :

Course Name :

KALIMA – STUDENT SCHOLARSHIP FORM

Student Personnel Information :-

Student Name : _____

Date of Birth : _____

Place of Birth : _____

E-Mail Address : _____

Contact Number : _____

PHOTO

Communication / Permanent Address :-

Door Number : _____

Street Name : _____

City / Town : _____

District : _____

State : _____

Educational Details :-

S.S.L.C		H.S.C	
School		School	
Place of School		Place of School	
Total Marks		Total Marks	
Remarks		Remarks	



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Diploma		Bachelor	
College		College	
Place of College		Place of College	
Total Marks		Total Marks	
Remarks		Remarks	

Parent's / Guardian Information :-

Father's Name :		Mother's Name :	
Occupation		Occupation	
Monthly Income			
Contact No			

Siblings Details :-

S.No	Name	Brother / Sister	Occupation	Remarks
1				
2				
3				
4				
5				



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Required Documents :-

S No	Description	Yes	No	Remarks
1	KALIMA Scholarship Request Form.			
2	School Previous Academic records sheet.			
3	School / College / Program Related Provisional Allotment/ Bonafide Letter.			
4	School / College / Program Previous & Current Fees Structure.			
5	Jamaath Referral Letter.			
6	Two references who are not a family member.			
7	Islamic Way of Life (Prayers, Fasting, Quran Reading, No Bad Habits ...) declaration.			
8	KALIMA Member Referrals if any.			
9	Extra-curricular activities detail if any.			
10	Personal statement, (how they are affected in their career, educational and personal goals).			
11	Extra Curricular Activities (include sports, Arabic language efficiency, Hifz quran, Science projects, NSS, NCC, IRC, Blood Donation, ISTE, IEEE, Paper Presentation, Journals Publications etc)			
12	Photos - 2			

DECLARATION :-

I hereby declare that all the information's furnished above are true to the best of my knowledge and belief.

Your's Truly,

Name & Signature : _____

Reference 1 : (non family member)

Reference 2 : (non family member)

Name : _____

Name : _____

Signature : _____

Signature : _____

Date : _____

Date : _____



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Student Information & Comments with official Stamp from Jamaath :-

Jamaath Name : _____

Place : _____

Comments :

KALIMA Official Comments :-



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Payment details if KALIMA approved as requested / mentioned Course :

Total amount approved from KALIMA :

	Amount in INR	Payment Date	Remarks
1st Year			
1st semester			
2nd Semester			

2nd Year			
3rd Semester			
4th Semester			

3rd Year			
5th Semester			
6th Semester			

4th Year			
7th Semester			
8th Semester			

5th Year			
9th Semester			
10th Semester			