



# انجمن وظیفہ سادات و مؤمنین

وظیفہ منزل، احمد نگر، علی گڑھ، (۲۰۲۰۰۲)

## Anjuman Wazifa-e-Sadat Wa Momineen

Wazifa Manzil, Ahmad Nagar, Aligarh - 202002, U.P. (India) Contact No. +91 9997019772  
Website: www.wazifaesadat.in, Email: howazifa@gmail.com



**Higher Education Scholarship Application Form is valid for session 2024-25**  
(Submission of this application does not guarantee for approval of the Scholarship)

**Last Date : 31.10.2024 (Applications received after the last date will not be entertained)**

**Application without proof of admission i.e. (Fee Receipt or Bonafide certificate & Last Examination passed mark sheet Should not be Submitted)**

**(Orphan [Yateem] Students are requested to submit death certificate of his/her Father)**

JADEED - New Applicant	<input type="checkbox"/> Tick any one.	Wazifa No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Student's recent Photograph duly attested by Local Secretary
TAJDEED - Appln. For RENEWAL			
For Official Use :			
FORM No.-	Date:- ...../...../.....		
Screening Committee Remarks .....			
Member's Name of Screening Committee: ..... Signature.....			

**TO BE FILLED BY STUDENT IN CAPITAL LETTER**  
(from srl. No. 1 to 15)

1. Name of the Student :

2. Date of Birth:       3. Present Class..... Course of Study.....

4. Duration of Course: -  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup> Year Tick Your Year:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

5. Admission Fees (enclose photocopy of Fee Receipt) Rs. .... Total Annual Fees Rs. ....

6. Name of the Institution & Address .....

7. Father's Name..... Annual Income: Rs. ....  
(Write Late before Father's name if Father not alive)

8. Mother's Name..... Annual Income: Rs. ....

9. Guardian's Name..... Relationship.....

10. Permanent address (As per Aadhaar Card) .....

Pin Code:       Aadhaar No.            (Student plz enclose Aadhaar photocopy)

11. Present Address: .....

12. Contact No.           E-mail.....

13. Bank A/c No.             IFSC :

Bank Name..... Branch..... City:.....

Note:- Pl enclose Photocopy of Bank Passbook/Cancelled cheque's of Bank Account attested by local Secretary

### 14. Details of Educational/Professional Examination passed

Examination Passed	Board/University	Year	Division	Percentage
A				
B				
C				
D				

Please enclosed Photo copies of all School/ College Certificates duly Attested by Local Secretary of ANJUMAM WSWM.

**15. Details of Brothers and Sisters of the applicant who are studying**

S. No.	Name	Class	Name of the Institute	Whether wazifa granted if yes, give amount & year

**Student's Signature**..... **Parent's Signature**.....

**16. Recommendation by any Member of the Anjuman WSWM:** .....

(a) Name of Member..... (B) Membership No.....  
 (C) Address.....  
 (d) Mobile No.           (E) Signature of Member.....

**17. Recommendation by "Aalim-e-Deen" or Reputed Person :** .....

(A) Name: .....(B) Signature .....  
 (C) Address: .....  
 (D) Mobile No.           (E) Pin Code:

**18. Recommendation by the Local Secretary of the Anjuman WSW Momineen (Loc Sec. must compare enclosed photocopies with Original Certificates and attest positively )** .....

(A) Name of Local Secretary.....(B) Signature .....  
 (C) Address..... Pin Code:        
 (D) Mobile No.           (E) Email.....

**I hereby declare that all the information given above are true and correct. If any information is found to be false or incorrect at any stage, application will be SAMMARILY REJECTED & the Wazifa will be discontinue and candidate has to refund the entire amount received.**

**I also declare & Promise as my moral & social obligation to help needy & Promising students by refund/pay the total amount of Wazifa received by me immediately on getting any employment or Starts earning. Students are advised to keep a photocopy of the filled in application form for future record.**

**NOTE: Please Ensure that photo copies required at Srl. No. 5, 10, 13 & 14 are enclosed with this form.**

**Signature of Parent/Guardian** ..... **Signature of Applicant (Student)** .....

Full Name ..... Full Name .....  
 Place ..... Date ..... Place ..... Date .....  
 Mobile No. 1-           2- (if any)           Mobile No.

**IDENTIFICATION SLIP (FOR PAYMENT)**  
 (Please fill up all Information in Capital Letters)

Session - 2024-25 Wazifa No .....

Student's Name:.....

Father's/ Guardian's Name.....D.O.B.

Class: ..... Name of Course: .....  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup> Year

Address:.....

.....Pin Code.....

Name of the Institution/College .....

Phone(s): Applicant +91-           Parent/Guardian +91-

Signature of the Parent/Guardian: ..... Applicant's Signature: .....

Cheque No. & Date (in case Wazifa Granted): .....

Student's Photo duly attested by Local Secretary