SHRI DORILAL AGARAWAL NATIONAL MERITORIOUS SCHOLARSHIP - 2026
ORAGANISER – DIVYANG SEVA CHERITABLE TRUST, AGRA
CO – ORGANIZER - AMAR UJALA FOUNDATION

AMAR UJALA FOUNDATION

E-MAIL ID - dsctagra2025@gmail.com

(FOR OFFICE USE ONLY)

Affix the self attested passport size photo showing the disability

REGISTRATION NO. – DSCT/ /2026 DATE :- _____

SCHOLARSHIP APPLICATION FORM 2026

NOTE – B.A, B.com, B.sc, M.A, M.com, M.sc, B.Ed, M.Ed, D.el.ed, L.L.B, L.L.M, M.S.W, M.fill, Polytechnic, Physiotherapy And Nursing.

(TO BE FILLED BY STUDENT)

1	NAME OF THE APPLICANT	
2	FATHER'S NAME	
3	DATE OF BIRTH	
4	ADHAR CARD NO.	
5	MOBILE NO. (Minimum 2 no.)	
6	EMAIL-ID	
7	MAILING ADDRESS WITH NAME OF DISTRICT,STATE &PIN CODE NO	
8	PERMANENT RESIDENTIAL ADDRESS WITH NAME OF DISTRICT, STATE & PIN CODE NO.	
9	CURRENT COURSE IN WHICH YOU ARE PRESENTLY STUDYING	
10	DETAILS OF THE BANK a) NAME OF THE BANK	
	b) SAVINGS BANK A/C NO.	

	c) NAME OF THE STUDENT IN BANK PASS BOOK	
	PARENTS MONTHLY INCOME	

NOTE: - PLEASE ENCLOSE THE PHOTOCOPY OF PASSBOOK OF THE ACCOUNT OF APPLICANT.	
TYPE OF DISABILITY & PERCENTAGE OF DISABILITY ✓	LOWER LIMB AMPUTEE /UPPER LIMB AMPUTEE ☐ POLIO ☐ DEAF & DUMB ☐ VISUALLY IMPAIRED ☐ PERCENTAGE OF DISABILITY ☐
NAME & ADDRESS (WITH PIN CODE) OF THE COLLEGE FROM WHICH LAST EXAM PASSED.	
PERCENTAGE OF MARKS OBTAINED IN LAST EXAM PASSED.	
DIVISION AND THE YEAR OF PASSING OF LAST EXAM PASSED.	
NAME & ADDRESS OF THE COLLEGE WHERE YOU ARE PRESENTLY STUDYING, WITH NAME OF CITY,DISTRICT,STATE & PIN CODE NO	
NAME & MOBILE NO. OF THE DEAN/PRINCIPAL	
MAIL ID OR WEBSITE OF COLLEGE	
DID YOU GET THIS SCHOLARSHIP PREVIOUSLY ?	YES OR NO
HAVE YOU PLAYED NATIONAL/INTERNATIONAL GAME?	YES OR NO

11. DETAILS OF EXPANSES:-

A) TUITION FEE (SEMESTER / YEARLY).....

B) ANNUAL HOSTEL FEE..... (C) OTHER EXPENSES.....

TOTAL OF (A) TO (C):-.....

(PLEASE ENCLOSE THE ORIGINAL COPY OF THE RECEIPT OF TUITION FEE DEPOSITED)

12. FAMILY DETAILS –

MENTION NAME OF MOTHER AND FATHER

(A) MOTHER ……, (B) FATHER ……..

(C) NO. OF UNMARRIED BROTHERS ……

(D) NO. OF UNMARRIED SISTERS ……

(E) PARENTS FAMILY INCOME ……..

NOTE – PLEASE ENCLOSE THE SELF ATTESTED PHOTOCOPY OF INCOME CERTIFICATE ISSUED BY THE TEHSILDAR OF YOUR AREA.

CERTIFICATE

I …….. S/O, D/O …… R/O

…….. P/O …… DISTRICT …… STATE

…….. CERTIFY THAT.

1 THAT I AM A REGULAR STUDENT OF …… COLLEGE IN 2026-2027.

2 THAT PRESENTLY I AM NOT RECEIVING ANY SCHOLARSHIP FROM ANY SOURCE.

3

→ CERTIFICATE ←

CERTIFIED THAT THE FACTS MENTIONED BY ME IN THE SCHOLARSHIP APPLICATION FROM ARE TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I HAVE NEITHER CONCEALED ANY FACT NOR HAVE WRITTEN ANY FALSE INFORMATION.

DATE: - …… SIGNATURE OF APPLICANT

PLEASE JUSTIFY "WHY SHOULD YOU BE GIVEN THE SCHOLARSHIP" IN FIFTEEN SENTENCES.

CERTIFICATE OF DEAN/ PRINCIPAL

13 CERTIFIED THAT MR/KM…… S/O, D/O ……

R/O …….. P/O …… DIST. ……. STATE …….. IS A REGULAR STUDENT OF …….. CLASS AND IS STUDYING IN OUR COLLEGE IN 2026-27 SESSION.

14(A) THAT THE STUDENT IS HONEST, HARD WORKING, SINCERE AND BEARS A GOOD MORALCHARACTER.

(B) **THAT HE/SHE IS NOT GETTING ANY SCHOLARSHIP FROM ANY SOURCE.**

15 THAT HE/SHE IS A MERITORIOUS STUDENT AND BELONGS TO POOR FAMILY.

16 THAT I RECOMMEND HER/HIS APPLICATION FOR THE SCHOLARSHIP FROM YOUR N.G.O.

DATED: - **SIGNATURE**

(NAME OF DEAN/ PRINCIPAL)SEAL

MOBILE NO. –

E MAIL ID –

ESSENTIAL INFORMATION FOR STUDENTS

(STUDENT IS REQUESTED TO PLEASE KEEP THIS PAGE WITH YOU)

NAME OF THE SCHOLARSHIP SH. DORILAL AGARWAL NATIONAL MERITORIOUS SCHOLARSHIP 2026 FOR THE SPECIALLY CHALLENGED STUDENTS.

ORGANIZER - **DIVYANG SEVA CHERITABLE TRUST, AGRA**

CO – ORGANIZER - AMAR UJALA FOUNDATION.

INFORMATION FOR THE STUDENTS

1. THIS SCHOLARSHIP IS GIVEN ONLY TO THE DESERVING MERITORIOUS POOR STUDENT.
2. **THE STUDENT SELECTED FOR THE SCHOLARSHIP WILL BE CALLED TO AGRA ON A PRE-INFORMED DATE. THE SCHOLARSHIP CHEQUE WILL NOT SENT TO THE SELECTED STUDENT, IF STUDENT DOES NOT COME TO AGRA PERSONALLY.**
3. HIS/HER BOTH WAY FARE(Bus/ 3 Tier Sleeper), LODGING AND BOARDING WILL BE DONE BY **DIVYANG SEVA CHERITABLE TRUST, AGRA**
3. LAST DATE FOR SENDING ,THE DUELY FILLED FORM,BY SPEED POST IS 30/09/2025.
4. THE SELECTION OF THE CANDIDATE FOR THE SCHOLARSHIP IS THE WHOLE JURISDICTION OF TRUST.
5. PLEASE BRING ALL ORIGINAL DOCUMENTS WHEN CALLED TO AGRA.
6. **STUDENTS WILL BE SELECTED FOR SCHOLARSHIP ON THE BASIS OF MERIT AND OTHER PARAMETERS AS DECIDED BY THE SCHOLARSHIP COMMITTEE.**

SPECIAL CONCESSION-

- **Special Discount of five percent will be given to the students of following categories-**
- **Those who have lost their parents (Attach Death Certificate).**

----------ELIGIBILITY----------

B.A, B.com, B.sc, M.A, M.com, M.sc, B.ed, M.ed D.el.ed, L.L.B, L.L.M, M.S.W, M.fill, Polytechnic, Physiotherapy And Nursing.

----------INSTRUCTION'S FOR THE CANDIDATE----------

CHECK LIST :- PLEASE ENCLOSE THE SELF ATTESTED PHOTO COPIES OF THE FOLLOWING DOCUMENTS IN GIVEN SEQUENCE-(POINT NO. 7 IS COMPULSORY FOR EACH STUDENT)

1. ANNUAL / SEMESTER – TUITION FEES RECEIPT (JULY 2026).
2. ADHAR CARD
3. BANK PASS BOOK OF THE STUDENTS.
4. INCOME (PARENT'S) CERTIFICATE ISSUED BY GOVT AUTHORITY
5. DISABILITY CERTIFICATE ISSUED BY CHIEF MEDICAL OFFICER.
6. MARK SHEETS OF ALL PASSED EXAMS. (10^{TH} , 12^{TH} & ONWARDS CLASSES)
7. **KINDLY WRITE DOWN THE PERCENTAGE OF MARKS/GRADE, ON THE MARKSHEET, OF EACH EXAM YOU HAVE PASSED.**
8. THREE PASSPORT SIZE PHOTO SHOWING THE DISABILITY AND BEARING YOUR NAME & ADDRESS ON THE BACK THE PHOTO.
9. Death Certificate of Parents (If not alive).
10. KINDALY MENTION THE REGISTRATION NUMBER DSCT/_____ /2026 WHILE CORRESPONDING TRUST FAILING WHICH ANY INFORMATION SEEKED BY YOU WILL NOT BE POSSIBLE TO IN FORM YOU. **Trust will provide you the registration No.**

- **Last date for applying for the scholarship form is 30-09-2026.**

- **PLEASE SEND THE SCHOLARSHIP FORM BY SPEED POST, DUELLY FILLED BY THE APPLICANT IN HIS OWN HAND WRITING, LATEST BY 30-09-2026, ON THE FOLLOWING ADDRESS.**

DR. VIRENDRA KUMAR GUPTA (9410666978)
408, TOWER - 1 KAWERI KAUTSHUBH,
BHAWANA HOUSING ESTATE ROAD (OPPOSITE KAMAYANI HOSPITAL),
SIKANDRA, AGRA – 282007
E-MAIL ID-dsctagra2025@gmail.com

- **Kindly communicate with us on the following Mail Id- dsctagra2025@gmail.com**

If need be you can contact of the following numbers.

1. **Office Number - 8191832341**
2. **Sunil Vikal - 9359599992**
3. **Anil Agarwal - 9917122212**
4. **Dr. V.K Gupta - 9410666978**