	рното	PHOTOGRAPH										
	Attach Attested Copies of											
Name:	CANDIDATE REGISTRATION FORM							NIC/Form B				
B Form/NIC Number:				DOB:			of Candidate and Parent/Guardian					
Parent/Gua	ardian:							ration form				
Postal Address:												
Present School/College:												
Tel:				e mail:								
			AP	PLICANT DA	TA							
Ac	ademic Resu	ılts	Rol	No	Class/Level	Marks	Grade	Percent				
Last Annua	l Exams (att c	(vqo										
	Exams (att co											
	(where require											
Alive Paren			Depend	ents" on	Sons	Daughters	Other#	Total				
Agri Land:			Dependents" of family		50115	Daughters		Total				
House:			Parent/Gua	-	nation:			L				
	ertv#·		-	-		donts and othe	r proporty if an					
Other Property#: #Attach Details of: other dependence Average Monthly Electric Bill *: *Attach Photo								у				
Family Inco	me (per mo		NDIDATE RE			AAttach datail	of lothor cupp	ort roquirod!				
Class/Edu	cation Progra				JUPPORT	Attach detail	s of 'other supp	ort required				
Admission	Fees	Books		Uniform	Exam	^Other	nor Voor	Total				
Aumission	геез	BUUKS	Transport	Onnorm	EXaili	~Other	per Year	Total				
Laccont that	if colocted Lwill	he supported	by 'Donations'	including '7ak	at' arranged and	h managod by	N Muiataba Ed	ucation Trust				
			by Donations		at allangeu and	a manageu by A						
Guardian/Candidate Signatures: Date: Remarks by Principal: Date:												
Remarks by	Principal:											
Nomo						Signature:						
Name: Tel:			مسمناه			Date/Seal:						
Tel:			e mail:			Date/Seal:						
		fo		AENDATION			out of					
			r Support as	TOHOWS. Pla	ced at MERI	I NO	_ OUT OT	recomm				
	Class/Level/I	-										
	Institution: (Select one Option) Existing/Other (att reasons/institution name if 'other')											
Category:	Admission	Fees	Books	Transport	Uniform	Exam	*Other	Per Year				
Amount:			Funda fan D	····-				<u> </u>				
Duration: Funds for Duration ACC Members (contact details on reverse) Signatures Date												
(20)	ACC N	Signa	tures	Date								
(PC)												

NOTE: Academic Results essential for eligiblilty: Not lower than 'A+' Grade / 2.5 GPA (as applicable)

			FOR AMET OFFICE	USE ONLY						
Approved in ECM (ECM No./Date):										
Registered vide AMET Number:										
SUPPORT APPROVED										
Level/Class/Discipline:										
Institution:										
					-					
Support Duration										
Total Amount:										
Annual Allocation:										
Payment Sc	hedule:									
Payee Nam	e:									
Payee Address/Details:										
			SIGNATURES	DATE						
Member Finance:										
Member Adm:										
Secretary:										
ACC MEMBERS Member 1 (PC) Member 2 Member 3 Member 4										
Name	wiembe	er I (PC)	Member2	wem	ber 3	Member 4				
Designation										
NIC No.										
Address										
Talankana										
Telephone										
ABBREVIATIO	NS:- AMET: Al N	/lujtaba Educati	ion Trust/ ACC: Area Coordina	ation Committee	/ PC: Project Co	oordinator				

ANY OTHER RELEVANT INFORMATION NOT COVERED ABOVE