** RTC-Need Based Scholarship eligibility form 2019**

**Financial Need Evidence (For Need based Scholarship Purpose)**

**a. Family Members (attach census record)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl** | **Name** |  | **Gender** | **Relationship** | **Age** | **Qualification** |
|  |  |  |  |  |  | **(If applicable)** |
| 1 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Use additional sheets if necessary | | |  |  |  |  |
|  |  |  |  |  |  |  |

**b. Assets owned by family:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl No.** | **Assets** | **Number** | **Value** | **Total** |
| **1** | **Land** |  |  |  |
| **2** | **Stock** |  |  |  |
| **3** | **Vehicle** |  |  |  |
| **4** | **Rental** |  |  |  |

**c. Describe the total loans taken by your family (if any), including amounts currently owed (attach *evidences)***

1. **Documents to be attached**
   1. Please attach a copy of both parents’ PIT statement for the previous year, if applicable.
   2. Two letters of recommendation must be attached (Should not be from family members).
   3. Tax returns, assets, liabilities, information for the siblings and/or other relevant documentation.
   4. Letter of verification from Gup or Thromde authority regarding family details and parents income.
2. **Declaration**

I hereby declare that the information given in this form and attached documents is true and correct. In case any information is found incorrect, I assume full responsibility to fully repay the scholarship and shall be liable for prosecution as per the laws of Bhutan.



(Name and signature of applicant) (Name and signature of parents/guardians)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_