



SCHOLARSHIP & FEE EXEMPTION FOR MKY ONLINE SYSTEM

www.kbte.org

1. Details of Candidate (Name, Roll No., etc.)

Name: _____
 Roll No.: _____

Registration No.: _____
 Date of Birth: _____

Address: _____
 City: _____

Details of Educational Institution:
 Name: _____
 Address: _____

Name of the Candidate's Parent/Guardian:
 Name: _____
 Address: _____

Name of the Candidate's School:
 Name: _____
 Address: _____

Details of the Candidate's Family:
 Name: _____
 Address: _____

Details of the Candidate's Income:
 Name: _____
 Address: _____

Details of the Candidate's Assets:
 Name: _____
 Address: _____

Details of the Candidate's Liabilities:
 Name: _____
 Address: _____

Details of the Candidate's Other Information:
 Name: _____
 Address: _____

Details of the Candidate's Declaration:
 Name: _____
 Address: _____

Details of the Candidate's Signature:
 Name: _____
 Address: _____

Details of the Candidate's Stamp:
 Name: _____
 Address: _____

Details of the Candidate's Date:
 Name: _____
 Address: _____

Details of the Candidate's Remarks:
 Name: _____
 Address: _____

Details of the Candidate's Family Income:
 Name: _____
 Address: _____

Details of the Candidate's Assets:
 Name: _____
 Address: _____

Details of the Candidate's Liabilities:
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This form is to be filled by the candidate and submitted to the concerned authority. The candidate is responsible for the correctness of the information provided. The board is not responsible for any loss or damage to the form. The candidate is advised to fill this form carefully and submit it to the concerned authority. The board is not responsible for any loss or damage to the form. The candidate is advised to fill this form carefully and submit it to the concerned authority.

