



Year 2024

WOMEN SCHOLARSHIP FORM

Sponsored by Liangmai Naga Baptist Association (Manipur), Women Department
Christian Centre Chiang, Tamei – 795125

A

Name of Student: _____
Date of Birth: _____ Age: _____ Sex: _____
Contact number: _____ Email: _____
Permanent Address: _____
Name of the Local Church: _____
Name of the Local Pastor: _____

B

Father's Name: _____
Mother's Name: _____
Spouse's Name: _____
Guardian's Name: _____
Contact number: _____

C

Previous Institution: _____
Previous Degree: _____ Grade (%) _____
Current Institution: _____
Current Degree: _____ Semester _____

D

Reason for claiming women Scholarship:

E

Verified by Local Pastor

Student's Signature Women Deaconess' Signature Sign & Seal



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To be filled up by the Head of the Institution

F

Name of Student: _____
Roll No: _____ Age: _____ Sex: _____
Current Degree: _____ Semester _____

G

Recommendation Statement

H

Seal and Signature of the Head of Institution