Annexure -8

Mukhyamantri Yuva Swavlamban Yojana, Gujarat State		
Application form for Returning Sahay		
		Application Id:_____
1	Name of Applicant:	_____ (Surname) (Name) (Father's Name)
2	Permanent Address:	_____ _____Ta:_____ Di:_____ Pin:_____
3	Contact Detail:	(M)_____(R)_____ E-Mail:_____
4	HSC Sent No:_____Stream:_____Overall Percentile:_____PASS Year_____	
5	**Details of Sahay Received:** Amount Received: Rs.1_____2_____3_____4_____5_____ (In Words_____) Received Date: 1_____2_____3_____4_____5_____ Returned Date:	
	Interest to Pay: Rs.1_____2_____3_____4_____5_____ Total amount to return (Sahay Amount+Interest Amount): Rs._____	Interest=Amount X18X Months 100X12
	Name of Bank:_____	Branch:_____
	Saving Account No:_____	IFSC Code:_____
6	Name of University:_____	
7	Name of Institution:_____	
8	Type of Institution:_____	
9	Name of Course:_____	
10	**Details of Demand draft** (Full amount of Sahay)	
	In Favour of : **Knowledge Consortium of Gujarat MYSY**	
	Demand Draft No:_____ Issuing Bank:_____	Payable at: Ahmedabad
	Amount:_____	Issue Date:_____
11	**Reason for Returning Sahay**:_____	
12	**Undertaking:** I _____the undersigned returning my sahay amount in total and I know that I will not receive the sahay under this scheme in future. _____ _____ (Name and Counter Sign of Parent/Guardian) (Name and Sign of Student) Place: Date: Verified and Approved by	