




















First Name	PARTHA SARATHI
Last Name	SINGHA
IP Address	117.247.65.32
Administrator Remarks	Processing
User Account	Guest
Link	/wp-admin/admin.php?page=ipt_fsqm_view_submission&id=cxQc1QXmIpYVVzkzdwFd1Mvnh0KwqXEflOPos5McMfl%3D

Upload your photo	 partha.jpg (image/jpeg)
Form completed by	<input checked="" type="radio"/> Self
	<input type="radio"/> Parents
	<input type="radio"/> Others
	<input checked="" type="radio"/> Mr
	<input type="radio"/> Ms
	<input type="radio"/> Mrs
First Name	 PARTHA SARATHI
Last Name	 SINGHA
Date of Birth	 04/06/1995
Nationality	 INDIAN













	<input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorcee
	<input checked="" type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Mrs
Full Name	 LATE PIJUS KANTI SINGHA
Permanent Address (Including Pin Code)	 VILL-KUCHADOBA,PO-BIBARDA,PS-TALDANGRA,DIST-BANKURA, STATE-WEST BENGAL
	
	 India
	 West Bengal
	 722152
Phone Number	 8927585650
Email Address	 parthasarathisingha48@gmail.com
Address for communication (If different from above)	 ROOM NO-212 OBH, NLD BOYS HOSTEL,B.T ROAD ,BON HOOGHLY ,KOLKATA-90
	
	 INDIA
	 WEST BENGAL
	 700090
Social media pages information	 NO
Are you	
















physically or mentally challenged in any way? Or are you a widow / ward of a person who served in the army or navy?

Academic details



#1	Name of School / College	NATIOANAL INSTITUTE FOR LOCOMOTOR DISABILITIES (DIVYANGJAN)
	Date Attended (From – To)	2015-2020
	Course Name	BACHELOR IN PROSTHETICS AND ORTHOTICS (B.P.O)
	Grades/Certificate/Degree	APPEARING
#2	Name of School / College	BANKURA SAMMILANI MEDICAL COLLEGE & HOSPITAL (B.S.M.C& H)
	Date Attended (From – To)	2012-2014
	Course Name	DIPLOMA IN PHYSIOTHERAPY (DPT)
	Grades/Certificate/Degree	76.3
#3	Name of School / College	ARALDIHI HIGH SCHOOL(H.S)
	Date Attended (From – To)	2010-2012
	Course Name	H.S
	Grades/Certificate/Degree	67.6
#4	Name of School / College	ARALDIHI HIGH SCHOOL(H.S)
	Date Attended (From – To)	2010
	Course Name	M.P
	Grades/Certificate/Degree	71.75

Employment details		#1	Name of Employer	
			Position / Designation	
			From - To	
			Salary Package	
Name and address of the present institute with pin code		NATIOANAL INSTITUTE FOR LOCOMOTOR DISABILITIES (DIVYANGJAN)		
		B.T ROAD, BONHOOGHLY ,KOLKATA -90		
		INDIA		
		WEST BENGAL		
		700090		
Date of admission in the institute		11/04/2015		
Email Address		mail@nioh.in		
Phone Number		033-2531 0279		
Website		www.niohkol.nic.in		
Course applied for		BACHELOR IN PROSTHETICS AND ORTHOTICS		
Recognized institute	<input type="radio"/>	ISC		
	<input type="radio"/>	CBSE		
	<input type="radio"/>	MCI		
	<input type="radio"/>	AICTE		
	<input type="radio"/>	UGC		
	<input checked="" type="radio"/>	Others		
		WEST BENGAL UNIVERSITY OF HEALTH SCIENCE & REHABILATION COUNCIL OF INDIA		

Total duration of the course (in years)		FOURTH YEAR SIX MONTHS
Tuition fees		NINE THOUSAND
Other Fees (Specify)		LABORATORY FEES TWO THOUSAND SEVEN HUNDRED. LIBRARY FEES THREE THOUSAND SPORTS AND OTHERS FIVE HUNDRED. UNIVERSITY REG FEES TWO THOUSAND EXAMINATION FEES ONE THOUSAND .HOSTEL EIGHT THOUSAND
Amount of financial aid requested		TWENTY SIX THOUSAND TWO HUNDREDS
Type Of Academic System		ANNUAL
What is your current income?		NO
Earning members		NO
Income amount		NO
Monthly expenses		FOOD THREE THOUSAND.MEDICAL FIVE THOUSAND. EDUCATION SIX THOUSAND .OTHER THREE THOUSAND
Liquid savings		NO
Property		NO
Loan to be paid		TWO LAKHS
Guarantor for a student loan		ANUP KUMAR SINGHA VILL SAKARIPUKUR DIST BURDWAN
Other financial information		NO
Few words about kgef		MY FATHER EXPIRED TEN YEARS AGO. MY MOTHER IS SEVERE ASTHMA PATIENT . GRANDMOTHER IS STROKE PATIENT AND SHE WAS BED RIDDEN .ALREADY LOAN TWO LAKHS RUPEES .NO EARNING MEMBER IN MY FAMILY .NO HELPS FROM RELATIVES .MY MOTHERS HAS ALREADY SOLD HIS LAND FOR MY EDUCATION.HE COULD NOT AFFORD IT ANYMORE AND DIDN'T WANT TO SELL THE HOUSE WHICH IS ONLY THE LEFT MEMORY OF MY FATHER PROPERTY. EVEN LAST COLLEGE FEES I AM UNABLE TO PAY AND COLLEGE ALREADY NOTICED ME. RECEIVING SCHOLARSHIP WILL BOOST MY SELF CONFIDENCE

AND PAY MY COLLEGE FEES AND CONTINUE MY STUDY IN COLLEGE. I AM VERY INTERESTED IN STUDIES .LAST EXAM I RANKED IN UNIVERSITY THIRD RANK.YOUR FINANCIAL ASSISTANCE WILL GO LONG WAY AND INCREASE MY RESOURCE.AND COMPLETE MY STUDIES .PLEASE HELP ME TO FULFILL MY DREAM OF BECOMING SELF RELIANT.

Approached other organization?

Where did you hear about KGEF?



Dr. Prasanna Kumar Lenka
Designation : Assistant Professor (P&O) & HEAD OF THE DEPARTMENT (H.O.D)
NILD ,KOLKATA-90

Admission letter / bonafide certificate



[bon com.jpg \(image/jpeg\)](#)

Copy of all your previous mark sheets (all years of study if available)



[bpo_2nd_32.jpg \(image/jpeg\)](#)

Proof of age



[admit_32.jpg \(image/jpeg\)](#)

Recommendation letter



[20180913_220400_32 recom.jpg \(image/jpeg\)](#)

Income certificate of family / ration card



[income com.jpg \(image/jpeg\)](#)

Copy of pan card



[pan_32.jpg \(image/jpeg\)](#)