



18. Whether won any Awards previously from Sindhi Youth Assn  Yes  No Year \_\_\_\_\_ for \_\_\_\_\_
19. Whether won any Awards from any other Organisation  Yes  No Year \_\_\_\_\_ for \_\_\_\_\_
20. Name and address of the organisation \_\_\_\_\_
21. Father's Name
22. Educational Qualification  23. Occupation / Service
24. Firm Name and Address
24. Tel  -  /  25. Mobile
26. Email
27. Mother's Name
28. Educational Qualification  29. Occupation / Service
30. Tel  -  /  31. Mobile
32. Email

**Applications are invited from Sindhi candidates residing in Bangalore.**

**\*This application should compulsorily contain all properly attested / certified copies of Marks sheets and Certificates by the Principal / Gazetted officers.**

**\*Application with incomplete information or without proper enclosures or attestation shall strictly be not entertained.**

**Please enclose certified copies of all semesters compulsorily.**

**Please include aggregate of all semesters wherever applicable.**

Place:

Date

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Parent's Signature

**Filled up forms along with enclosures should reach the Chairman on or before 8th August 2019**

**Balilal K Chhabria**  
Chairman, Merit Awards Sub-Committee  
**Sindhi Youth Association**  
P.D. Hinduja Sindhi Hospital, 12th A Cross,  
Sampangiramanagar, Bangalore – 560 027.  
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Web: [www.hindujasindhihospital.com](http://www.hindujasindhihospital.com)

**Note: This form may be photocopied or downloaded from our website and filled up for additional application form  
Our website [www.hindujasindhihospital.com](http://www.hindujasindhihospital.com)**