

# ALL INDIA CONFEDERATION OF THE BLIND

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## APPLICATION FORM FOR THE “KRISHNA KUMARI VARMA MEMORIAL AWARD”

### PERSONAL DETAILS

- 1) Full name in block letters :
- 2) Date and Place of birth :
- 3) Present postal address :
  
- 4) Phone number or numbers :
- 5) Fax and or E-mail :

### EDUCATIONAL QUALIFICATIONS

- 6) Matriculation or equivalent examination
  - a) Name of the Board or University :
  - b) Year :
  - c) Division :
  - d) Percentage of marks :
  
- 7) Higher Secondary or Intermediate Examination
  - a) Name of the Board or University :
  - b) Year :
  - c) Division :
  - d) Percentage of marks :

**8) B.A. or equivalent examination**

- a) Name of the University :
- b) Year :
- c) Division :
- d) Percentage of marks :

**9) M.A. or equivalent examination**

- a) Name of the University :
- b) Year :
- c) Division :
- d) Percentage of marks :

10) Participation in co-curricular activities, such as Debate Competition, Essay writing contest, Elocution contest, etc. (Please give details on a separate sheet)

11) Any other special achievement or achievements:

12) Signature of the applicant :

Note:-

- i) photocopies of the certificates of all the examinations duly attested by the Head of the Department concerned or a Gazetted officer.
- ii) A certificate testifying the position of the candidate in order of merit in the University should also be sent along with the application form and this certificate should be signed by (A) the Head of the Department or (B) the Registrar or Vice-Chancellor of the University.