CCWSD

CELEBRATING 27 ★ YEARS ★ EXCELLENCE

Regd. No. : 21064-203

27th STATE LEVEL
SHISHU VIKASH SCHOLARSHIP EXAMINATION 2026

(Write CAPITAL letter only)

APPLICATION FORM

Student Name : _____

Class :_____ Sex : _____Category : _____

School Name : _____

Address : _____

Phone No. : _____

Parents Name : _____

Whatsapp No. : _____Phone No. :_____

Name of the exam centre : _____

Dist. : _____ Zone : _____

Exam Fees Rs. 120/- (Rupees One Hundred Twenty Only)

Signature of Parents/Guardian

Place : _____

Date : _____

VERIFIED BY THE HEADMASTER/PRADHAN ACHARYA/CENTRE CO-ORDINATOR

Kumari / Sriman _____

Class _____ Roll No. _____

School Name _____

Headmaster/Pradhan Acharya/Centre Co-ordinator _____

Signature of Candidate

Seal and Signature of
Headmaster/Pradhan Acharya/
Centre Co-ordinator