

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. _____ $\text{Interest} = \frac{\text{Amount} \times 18 \times \text{Months}}{100 \times 12}$ 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ (Name and Counter Sign of Parent/Guardian) </div> <div style="width: 45%;"> _____ (Name and Sign of Student) </div> </div> Place: _____ Date: _____ <div style="text-align: right;">Verified and Approved by _____</div>