

TAM/TF/001-003

APPLICATION FOR EXCELLENT STUDENT REWARD BY CHILDREN OF TAM'S LIFE MEMBER(S).

1. SPM

The applicant should have achieved at least 7As (A+/A/A-) to be eligible to apply for the reward.

OR

2. Matriculation

The applicant should have achieved at least CGPA 3.0 to be eligible to apply for the reward.

OR

3. All students who have passed SPM with minimum of 1A in SPM have passed **Pravina** or **Visardha** of **POTTI SRIRAMULU TELUGU UNIVERSITY** Examinations.

GENERAL CRITERIA(S):

- Only a student who sat for the SPM/STPM/MATRICULATION examination a year prior to the application shall be considered eligible for the application.
- A copy of the **SPM / STPM / MATRICULATION / POTTI SRIRAMULU TELUGU UNIVERSITY** Certificate, Result & Identification Card shall be enclosed together with the application form.
- Parent/s of the applicant should be LIFE MEMBERS of TAM for at least one year prior to the application.
- All the application forms should be submitted to/through the respective TAM Branch Chairmen for endorsement.
- The respective TAM Branch Chairmen are requested to submit the said application form(s) by the **7th of May 2019 to TAM Foundation, Telugu Bavanamu No. 9-3A, UDARAMA Complex, Jalan 1/64A, Off Jalan Azlan Shah, 50350 Kuala Lumpur; Email: tamfoundation@telugu.org.my**
- The Applicant's application will be deemed incomplete if the criteria's enumerated above are not complied with.
- The decision of TAM Foundation's Education Committee shall be final.
- Duly completed application must reach TAM FOUNDATION (by email and hard copy latest by **31st May 2020**)



తెలుగు సంస్థ
TAM FOUNDATION

A Service With Love

MyCoID: 945440-X

SPM / STPM / MATRICULATION REWARDS APPLICATION FORM

Student's Name: (Capital Letters) _____

IC NO: _____ SPM/STPM/ Result _____

Father's Name: _____ IC. No _____

Membership No: _____ Membership since: _____

Mother's Name: _____ IC. No _____

Membership No: _____ Membership since: _____

Address: _____

Res. Tel. No: _____ HP No: _____

I certify that the applicant parent/s are TAM life member/s and the above information is correct.

Name / Signature: _____ Date: _____

TAM Branch: _____

Branch Stamp

FOR OFFICIAL USE ONLY

Application for the above rewards is APPROVED / REJECTED

Tam Foundation Committee

Tam Foundation Committee

Tam Foundation Committee

Verified by

(Sign & Date)

Head of Education Committee

Verified by

(Sign & Date)

Dr Vengkata Prathap
CEO Tam Foundation