APPLICATION FORM

FOR POST-MATRIC SCHOLARSHIP TO THE SCHEDULED CASTES STUDENTS OF ASSAM PURSUING POST MATRIC COURSES DURING......YEAR

LATE, INCOMPLETE OR DEFECTIVE APPLICATION WILL BE SUMMARILY REJECTED

N.B.- This application should be submitted to the Project Director I.T.D.P. (Local) through the Head of the Institution

DIRECTOR, WELFARE OF SCHEDULED CASTES

(IN CASE OF STUDENTS STUDYING OUTSIDE THE STATE)

Applicant must
Affix a passport
size photograph
with his/her
signature
thereon

PART A (TO BE FILLED IN BY THE APPLICANT IN NEAT AND LEGIBLE HANDWRITING)

1.	(a) Name of the applicant in	full	
	(in block capital letter	rs)	
	(b) Bank A/C No:	(c)	IFSC No.:
	(d) Name of Bank:		
2.	(a) Name of the Institution w	here the student is stu	dying during 20
	(b) Class	Roll	No.:
3.	Date of Birth-		
	(attested copy of the birth ce	rtificate to be enclosed	1)
4.	Whether a SC disabled stude	ent	Yes/No
	(if yes, enclose a certificate f	rom a competent auth	ority)
5.	Whether you are pursuing a	correspondence cour	se Yes/No
6.	Father's / Husband's name in	n full	
	(In case of married girl stude	nt, husband's particul	ars are Invariably required)
	(i) Occupation:		
7.	(a) Permanent address;	Village/Town:	
		P.O:	P.S
		Mouza:	
		Dist.:	
		Municipality War	d No.:
	(b)		
	P.O:	P.S.:	
	Mouza:	District:	Municiaplity ward No:
8.	Applicant 's occupation, if an	y	
9.	Who supports you in studies	, i.e. Father/Mother/Gu	uardian/Husband
	(i) Name		.(ii) Occupation
	(iii) Full address		

10. Name of your own brother/sister receiving Post Matric Scholarship under this Scheme during

Serial	Name of the	Class in which	Name of the Institution	Whether in receipt of
No	Student	reading	where prosecuting	Scholarship Particulars
			studies	with Allotted Number and
				whether fresh or renewal
1	2	3	4	5

11	. Year of the last University/Board/Annual Examination Passed
	(a) Activities during the gap period, if any
	(A prescribed declaration form, which is available with the head of the Institutio, is to be filled up and
	signed by both student and parent/guardians and also to be countersigned by the head of the Institution
	where the student is prosecuting his/her studies is to be furnished without which the application will be
	rejected.)
	(b) Whether you studied in any institution after passing the last annual/final examination, and if so,
	name of the institution
	(c) Were you awarded scholarship for the course which you could not compete?

12. Particulars of the examination from Matriculation or onward

Examination Taken	Date in which Examination Taken	Year in which Whether examination passed	Whether university Board or Class examination	Percentage marks secured in the examination	Class or division obtained in the examination	Name of the Institution from which passed
1	2	3	4	5	6	7

- 1. H.S.L Certificate
- Higher Secondary School Leaving Certificate
- Indian School Certificate Examination
- 4. B.A/B.Sc./B.Com
- 5. 1st M.B.B.S./ Engg.I/II
- 6. M.B.B.S
- 7. M.A./M.Sc./M.Com.Prevo
- 8. M.A./M.Sc./M.Com.etc.
- 9. B.T./L.L.B. Prel/Int.
- 10. Any other
 Post-Matric
 Course with name
- 11. Correspondence Course

(Name of the Course)

12	. Whether you are/were in receipt of scholarship under any other scheme in this /the preceding
	year(s) yes or No
	If Yes, please furnish-

(i) Name of the scholarship scheme.....

(ii) Course of study: With the Name of the institutions for which scholarship was granted ${\bf r}$

(iii) Year and Class of scholarship enjoyed last.....

(iv) Sanctioning No. and date

- 13. Whether residing in the hostel of the Institution: Yes or No
 - (i) if yes, name of the hostel.....
- 14. Documents to be attached-
 - (i) Part "B" of the application form duly completed and signed by the head of Institution
 - (ii) Caste and Citizenship Certificate (Annexure-I)

- (iii) Income Certificate (Annexure-III)
- (iv) Income declarations(Annexure-IV)

I/We hereby declare that I/We have read the regulations of the scheme and agreed to abide by the terms and conditions of the award. I/We certify that the statements made in application are correct and if any of them is found to be false and incorrect by the authority, whose decision will be final and binding on me/us. I/we undertake to refund to the said authority on demand the entire amount of scholarship received by me/us or overpaid to me/us failing which the said authority may recover the amount from me/us through whatever means it deems proper.

N.B. If father/husband(in case of married unemployed woman), is alive signature of only father/husband (as the case may be) is acceptable

Signature of the applicant

(a) Signature/left/Right hand thumb impression of the parents/guardian

Place:			

(b) Ful name in capital letters

(c) Relationship with the student

ANNEXURE I

CASTE CERTIFICATE

Note: (i) This certificate is to be signed by the DEPUTY COMMISSIONER OF THE DISTRICT OR SUB DIVISIONAL OFFICER (CIVIL) OF THE SUBDIVISION (Where the parents/Guardian the candidate is permanently residing) or Commissioner for Scheduled Castes/Tribes

- (ii) This is a very important document as the scholarship is awarded mainly *on* the basis of this certificate. The issuing authority is, therefore, advised to issue this certificate, with due caution.
- (iii) The particulars must be filled in by the issuing authority in his own handwriting.

	I certify that to the best of my knowledge Shri/Kumari/Shrimati (Name of the
student)	

	permanent resident of village
P.O.:	P.S
	State
Shri/Kumari/Shrimati	(name of the student)
	Sub-Caste
and his/her religion is	
Place	* Signature of the issuing authority
Date	Full name in capital letters
**Seal	Designation
	Address in full
mped signature will not be	e accepted.
	e accepted. al of issuing authority will not be accepted
rtificate not bearing the se	e accepted. al of issuing authority will not be accepted ANNEXURE II
rtificate not bearing the se	ANNEXURE II INCOME CERTIFICATE e parent/guardian is to be issued by-
rtificate not bearing the se	ANNEXURE II INCOME CERTIFICATE e parent/guardian is to be issued by- e)/BDO/Mouzadar in case of cultivator
certificate not bearing the second certificate in respect of the control of the c	ANNEXURE II INCOME CERTIFICATE e parent/guardian is to be issued by- e)/BDO/Mouzadar in case of cultivator ovt/Quasi Govt.Employees/Employees working in private sector
certificate not bearing the second certificate in respect of the control of the c	ANNEXURE II INCOME CERTIFICATE a parent/guardian is to be issued by- a)/BDO/Mouzadar in case of cultivator ovt/Quasi Govt.Employees/Employees working in private sector se of Businessmen
certificate not bearing the second certificate in respect of the control of the c	ANNEXURE II INCOME CERTIFICATE e parent/guardian is to be issued by- e)/BDO/Mouzadar in case of cultivator ovt/Quasi Govt.Employees/Employees working in private sector
certificate not bearing the second certificate in respect of the continuous control of the contr	ANNEXURE II INCOME CERTIFICATE parent/guardian is to be issued by- py/BDO/Mouzadar in case of cultivator pyt/Quasi Govt.Employees/Employees working in private sector se of Businessmen est of my knowledge that Sri/Srimati.

State......Assam. His/her....

profession is	and his/her total
annual income from all sources (including	ng student's own earning, if any) in the preceding year ending
31 st March 20w	vas Rs
Rupees) Only.
	**Signature of the Income Tax Officer/
	C.O.IBD.O./Mouzadar/
	Employer/Proprietor
	Full Name
SEAL	
	Designation
	Address
	Countersigned by Signature of D.C.IS.D.O
	Full Name
Place	Designation
Date	Seal
**Stampe	d signature will not be accepted
	ANNEXURE III
FORM C	OF DECLARATION OF INCOME
	FORMA
(TO BE GIVEN BY PARENTS/GUARDI	IAN.WHEN PARENTS ARE ALIVE, PARENTS DECLARATION
IS REQUIRED.FOR MARRIED FEMAL	E CANDIDATE HUSBAND"S DECLARATION IS REQUIRED)
Whereas my son/daughter/dependent/S	Shri/Shrimati (in case of married female & candidate
	Student of
	College, has applied for grant of a scholarship
	3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
I, Shri	son of Shri
,,	

P.O.....State.....declare

that

my total annual income from an sources in the preceding year ending $31^{\rm st}$ March.

I also affirm that particulars of property held by me are (as per details furnished in the Schedule hereunder) and that I have correctly indicated the amount of various taxes, cesses and land revenues paid by me. I make myself *personally* responsible for the *accuracy* of the facts and figures furnished.

	I further undertake t	that in the event of the particulars given in this declaration being found to be				
	false. I shall refund to the president of India, the whole amount of the scholarship paid to the (name					
	the student)	and the Government's decision or whether the				
	declaration or particulars is taken shall be final and binding on me.					
	I further declare that I am a permanent resident of the state of Assam					
	and belonging to (Sub-Caste)carrying my profession					
	as					
	DI.					
	Place					
	Date	S				
		Relationship to the Student				
		SCHEDULE				
		CONEDULE				
		(As owner of tenant)				
I. EX	TENT OF LAND HELD					
	(i) Areas					
	(ii) Village	Mouza				
	(iii) Survey No/Patta No					
	(iv) Land revenue assesse	d				
II. PR	OPERTY HELD	(House, Shops, House-sites, etc)				
(i)	Brief description of the prop	perty				
(ii)		Vill/Town				
(iii)	Rent derived, if any					
(iv)						
(v)						
(vi)	Sales-tax/income-taxes paid	d				
(vii)	Trade Permit/Licence No					
III. S	ALARIES DRAWN					
(i)) Name of the Employer					
(ii		(is) working with designation				
	Monthly emoluments (include	ding all deductions):				

(8	a) Basic pay	Rs
(k	o) Other Allowances	Rs
OTHERS	S	
(i)	Income from part-time occupation	Rs
(ii)	Amount drawn as wages	Rs
(iii)	Any other income	Rs
	Tot	al Rs
N.B. Fatl	her/Husband (in case of married) unemployed	
woman if	f alive, signature of father/husband (as the case	Signature of left/right thumb impression of
may be i	s acceptable)	parent/guardian/husband as the case may be
Place		Name
Date		Address
10	BETIELED IN BY THE HEAD OF THE INOTH	UTION WHERE THE APPLICANT IS STUDYING
(i)	The statement made by the applicant in Part certificate has been checked.	(A) are correct to the best of my knowledge. Caste
(ii)	Character, conduct and attendance of	
	the applicant (general review)	
(iii)	Whether regular pass or supplementary	
	or provisionally promoted	
(iv)	If provisionally promoted, the name of	
	the back subject to be cleared	
(v)	Whether you recommend the applicant	
	for the award of scholarship	
(vi)	Duration of the course in which the applicant	is studying in your Institution
(vii)	Whether Degree/Diploma, Certificate/Trade p	rofessional course
(viii)		
	Date of commencement of the current	
(ix)	Date of commencement of the current Academic Session of the course	
	Academic Session of the course	
(x)	Academic Session of the course Exact date on which the applicant joined That course/class this year	

- - (b) If yes, please, indicate whether exemption is for half or full tution fees.
- (xii) If the applicant is residing in an approved hostel, Please indicate if he/she is entitled to free board/free lodging
- (xiii) Exact date of admission in the hostel
- (xiv) The name of the nearest branch of State Bank of India in respect of outside the State and the name of the Bank Account No. in respect of inside the State, through which the payment of scholarship is desired should be stated here
- (xv) The designation and full address of the Head of the Institution to whom the scholarship amount in respect of the student may be sent
- (xvi) The student is required to pay the following fee during which are not re-imbursed by State Government or from any other sources-

N.B: The head of the Institutions is to see that no other fee charged excepting thefee as listed below:-

	Course Amount payable for the year		Amount for the year	
(a) Enrolment or Registration fee	Rs.	P.	Rs.	P.
(b) (i) Tuition fee-				
(ii) Science or Laboratory fee (if any)				
non-refundable portion.				
(c) Game fee				
(d) Union fee				
(e) Library fee				
(f) Common Room fee				
(g) Magazine fee				
(h) Medical examination fee charged by the				
institution				
(i) Examination fee charged by the Institution/				
University Total fee payable during				

For use of the office of the Project Director. I.T.D.P., Assam	Signature of the Head of the Institution
Amount passed for payment Rs	(1) Project Director I.T.D.PAssam

(2) Director, Welfare of Schedule Caste, Assam

*Stamped signature will not be accepted		
SEAL OF THE INSTITUTION		
Date	Address	
Place	Designation	
No	Name in capital letters	
*signatui	re of the Headof the Institution	
account.		
	charge, fees, etc, will also be refunded in the Government	
authority and payment of scholarship to the app	olicant will also be discontinued. The undisbursed amount lying	
·	rship/stipends the fact will be immediately reported to the said	
	nich it is give and the accounts will be r egularly rendered to the ase the applicant leaves the Institution or otherwise discontinue	
·	ect of the applicant if and when placed at my disposal will be	
	·	
	the year of the course is passed in the	
	vernment of India / State Government of	
Cortified that the Institution is affiliated to the		