State to which the applicant belongs :.....

Applicant must affix a pass port size photograph with his/her signature thereon

FRESH APPLICATION FORM

FOR POST-MATRIC SCHOLARSHIP TO THE STUDENTS OF OTHER BACKWARD CLASSES, MORE OTHER BACKWARD CLASSES STUDENTS OF ASSAM PURSUING POST-MATRIC COURSES DURING: 20 - 20

LATE, INCOMPLETE OR DEFECTIVE APPLICATION WILL BE IMMEDIATELY REJECTED

SUMMARY

1.	Full	ıll Name in English	
2.		ıll Name in Recognised ficial Language	
3.	Ger	ender	
4.	Add	ddress 1 : House Number / Colony	
5.	Add	ddress 2 : Village / Ward	
6.	Add	ddress 3 : Gram Panchayat / Town	
7.	Add	ddress 4 : District	
8.	Add	ddress 5 : State	9. Pin Code
10.	Day	ay Scholar / Hosteller	
11.	Ban	ank Name	
12.	Acc	count Number13. IFSC	CODE of Branch
14.	Aad	adhaar Number	
15.	Aca	cademic Year	
16.	Inst	stitute - Full Name in English	
17.	Con	ommunity Sub-caste	Religion
18.	Clas	ass	Roll No.
19.	Cou	ourse of study undertaken	
20.	Res	esult of the last university/Board/Annual Examination	
	(a)	Name of the Examination Passed	
	(b)	Name of the Institution from which appeared and p	passed
	(c)	Year of Passing Division of	or Class obtain
	(d)	Total marks obtained Percenta	ge of marks obtained
21.	(a)	Name of Father Shri/Late	
	(b)	Name of Mother Smt./Late	
	(c)	Name of Guardian if both parents are not alive	
	(d)	Name of Husband (if married)	
	(e)	Occupation	
	(f)	Whether employed in Government or Private servi	ice

	(g)	If retired from Service furn (Attested copy of pension		ement nclosed)
22.	Tota	al annual income of parer	nts/guardian/husban	d and self, if any from all sources ending
	31st	t March	Rs	(in words)
N. B	i. :	father/husband (as the case the form of income declaration this basis. In cases where fat	may be) from all source: on (A) Annexure III page ther has died the income unemployed girl studen	imployed Woman) is alive only the income of the is should be furnished in page 5 Annexure II and in the fight of the fight of the mother and when both parents (or husband the died the income of the guardian who is furnished.
			RESHAPPLICATION FINDIA/ASSAM F	ON FORM POST-MATRIC SCHOLARSHIP
			should be submitted to	
		(a) Project Dire (b) SDWO for 0	ector, I.T.D.P. for ST stud DBC students	dents
		where the In	stitution located (with in	the state of Assam)
		(c) The Directo	Head of the Institution. r of W.P.T. & B.C. for the	e students studying
		out side the		
			PART (A)	
(1	ОВ	BE FILLED IN BY THE	APPLICANT IN N	EAT AND CLEAN HAND WRITING)
1.		me of the applicant in full block capital letter, Wom		ld indicate Miss or Mrs.)
2.		e of birth in Christian era		ed bytion certificate)
3.				particulars are invariably required)
	(a)	Occupation	Department .	Designation
4.	. ,	Permanent Address of	·	<u> </u>
	()			Municipality Ward No
		_		P.S
				State
	(h)		Dist	State
	(D)	Present Address in full		Museicie elitu Menel NIe
				Municipality Ward No
				P.S
				State
5.	App	olicant's occupation, if an	y	
6.	Wh	o supports you in your s	tudy, i.e., Father/Mo	other/Guardian/Husband
	(a)	Name		
	(b)	Full address		

7.	Name of Children	receivina	Post Matr	ic/Post E	ducation	durina:
	radino di Ormanoi		i oot iviati	.0, . 00	aacatioii	aaiiig .

SI	Name of the Student	Class in which	Name of the	Whether in receipt of Scholarship
No.		Reading	institution	if so give Prosecuting studies
			where	particulars allotted Number
				and whether fresh or renewal
				I .

					and whether fresh or renewal
8.	Wh	ether the candidate a	pplied previous	sly and already	in receipt of scholarship under
	sch	neme during F	Please furnish pa	articulars with a	allotted number
9.	Cla	ss in which the applicar	nt was studying o	during :	
	(ii)		she occupied hi	mself/herself af	examination earlier thantiter Passing that examination should
	(a)	(A prescribed declarati up and signed by both	on form, which is a student and Pa where the stude	s available with t arent' guardian	the head of the institution is to be filled and also to be countersigned by the ng his studies to be furnished without
	(b)	examination and if so,	name of the inst	titution	n after passing the last annual/final
	(c)	If study was discontinu			tinuance
	(d)	Were you awarded so	holarship of the	course of which	you could not complete?
10.				•	atriculation or equivalent examination

please furnish attested copies of certificates and mark sheets. Attested copy of matric or equivalent examination certificate should invariably be attached without which the application will be rejected.

	Examination	Date which	Year in	Whether	% of	Class or	Name of the
	taken	examination	which	University	Marks	division	Institution from
	lanen	taken	examination	Board or	secured	obtained	from which passed
		taken	passed	Class	in the	in the	Hom which passed
			passea			Examination	
-				Examination	Examination	Examination	
1.	H.S.L.C.						
	Certificate						
2.	Higher						
	Secondary						
3.	Pre-University						
اح.	1 16-Offiversity						
4.	B.A./B.Sc./						
	B.Com.						
5.	Indian School						
3.	Certificate						
-							
6.	1st MBBS/						
	Engg.l/II						
7.	MBBS/						
8.	M.A./M.Sc./						
	M.Com. Prev.						
9.	M.A./M.Sc.						
اع.	M.Com. etc.						
10.	BT/LLB.						
	Prel, Imt.						
11.	Any other						
	Post-Matric						
	Course with						
	name						

		[4]
13.	Par	ticulars of the last annual examination taken by the students.
	(a)	Whether regular pass or compartmental or supplementary or provisionally promoted
	(b)	Date of Passing or failing
	(c)	Did he/she pass in one sitting
	(d)	Whether promoted to the next higher class or detained.
	(e)	If candidate did not pass whether placed in compartmental or supplementary.
	(f)	Roll No. of candidate at University/Board Examination.
	(g)	University Registration No. and Year of Registration
14.	Wh	ether the candidate was in receipt of scholarship under this scheme or any other scheme in
	the	preceding Year Yes or No If yes, please indicate
	(a)	Name of the scholarship scheme
	(h)	Course of study for which the scholarship was awarded

	the processing real management of the management of the process in				
	(a)	Name of the scholarship scheme			
	(b)	Course of study for which the scholarship was awarded			
	(c)	Year and class of the scholarship enjoyed last			
	(d)	Name of the institution in which the scholarship was awarded			
	(e)	Sanctioning No and date			
		Alloted No Value of scholarships			
15.	Cou	rse of study for which the scholarship is now desired :			
	(a)	Whether full time or part time course			
	(b)	Whether day time or evening time or morning time			
	(c)	Class in which studying this year			
		(Name of course undertaken)			
	(d)	Subjects taken at (c) above			
16.	Whe	ether residing in the hostel of the Institution or in a approved hostel			
	Yes	or No (Certificate from Hostel Superintendent is to be attached)			
	If ye	es, give its name			
	(a)	Address			
	(b)	Exact date of joining			

17. Document to be attached:

- (a) Part "B" of application form duly completed and signed by the Head of the Institution.
- (b) Caste and Citizenship Certificate (Annexure-I)
- (c) Income Certificate (Annexure-II)
- (d) In come declaration (Annexure-III)

I/We hereby declare that I/We have read the regulation of the scheme and agree to abide by the terms and conditions of the award. I/We certify that the statement made in the application are correct and if any of them is found to be false or 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 and 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 though whatever means it deems proper.

Signature/Left/Right hand thumb impression of the	
parents/guardian/husband (as the case may be)	
Relationship to student	
Place : Date :	

Signature of the applicant

ANNEXURE I CASTE AND CITIZENSHIP CERTIFICATE

Note:	(i)	0 ,	EPUTY COMMISSIONER OF THE DISTRICT OR SUBDIVISIONAL N (Where the parents/Guardian of the candidate is permanently residing) res.
	(ii)	This is a very important document as the issuing authority is therefore, advised to	ne scholarship is awarded mainly on the basis of this certificate. The o issue this certificate with due caution
	(iii)	The particulars must be filled in by the	
I		y that to the best on my knowledges that	t Shri/Kumari/Shrimati (Name of the Student)
Son/d	daug	hter/wife of Shri (name of father/hu	usband)
Perm	aner	nt resident of village	P.O.
Mouz	:a	P.S	District
State		is a citizen of India.	Shri/Kumari/Shrimati
(nam	e of t	he student) belongs to the Caste/1	Fribe
Sub-0	Cast	/Sub-Tribe	and his/her religion is
Place	٠.	*5	Signature of the issuing authority
			ull name in capital letters
			esignation
•	-	-	icate not bearing the Seal of issuing authority will not be accepted.)
			NNEXURE II ME CERTIFICATE
		ficate to be submitted from:	
,		SDC/BDO/Mouzadar in case of guardian is cult ncome tax officer in case of Businessmen.	(2) Employer in case of Govt./Qusai Govt. employees.(4) Proprietor if the guardian is employed in private farm.
			nat Shri/Shrimati
			ırdian/husband of Shri/Shrimati
			(name of the students) is a permanent resident of
			District
			Profession is
			er total annual income from all sources (including student's nding 31st March was Rs
			only).
(Hup)			
Coun	tersi	igned by	**Signature of the Income Tax Officer
•		of D.C. S.D.O	S.D.C. B.D.O./Mouzadar/Employer/Proprietor
Full N	lame)	Full name
Desig	gnatio	on	Designation
Place	.		Date

(*Stamped Signature will not be accepted. **Certificate not bearing the Seal of issuing authority will not be accepted.)

ANNEXURE III

FORM OF DECLARATION OF INCOME (FORM-A) (TO BE GIVEN BY PARENTS GUARDIAN WHEN PARENTS ARE ALIVE. FOR MARRIED FEMALE CANDIDATE HUSBAND'S DECLARATION IS REQUIRED)

	Whe	ereas my son/daughter/depe	endent Shri/Miss/S	hrimati (in case married female candidate)
			Student of	
Col	lege l	had applied for grant of a scho	olarship	
l Sh	nri		son of Shri	
Add	dress	Village	P.O	
Dis	trict		State	Declare that my
tota	ıl ann	ual income from all sources i	n the preceding yea	ar ending 31st March
also her paid I fui I sh	o affineund d by rather nall re	rm that particulars of proper er) and that I have correctly i me. I make myself personally undertake that in the event of efund to the President of Ind	ty held by me are ndicate the amount responsible for the the particulars give ia the whole amou	as per details furnished below. (as per details furnished in the Schedule tof various taxes, cases and land revenues accuracy of the facts and figures furnished en in this declaration being found to be false nt of the Scholarship paid to (name of the and the Government's decision or whether
	,	aration of particulars is taken		
		·		ate of
				ng my profession's as
Dat	e:	JLE PARTICULARS TO BE FURI	NISHED BY ALL CAN	Signature Relationship to the Student DIDATES, IRRESPECTIVE OF ANY CASTE AND
		COMMUNITY WITHOUT WH	ICH THE APPLICATION	ON WILL BE REJECTED OUTRIGHT
I.	EXT	TENT OF LAND HELD	(as	owner or tenant)
	(i)	Areas:	(ii)	Village:
	(iii)	Survey No./Patta No.:		Mouza:
	(iv)	Land revenue assessment	:	
	(v)	Under Mouza :		
II.	PRO	OPERTY HELD	(Ho	ouses, Shops, house-sites, etc.)
	(i)	House No. :	(ii)	Street:
	(iii)	Village/Town/City:		
	(iv)	Area of site :	(v)	Rent derived if any :
	(vi)	House-tax paid :		
		Address of shop:		
	` ,	Nature of Business :		
	(ix)	Sales-tax/income-taxes paid	d :	

(x) Licence No.:

			[/]					
III.	SAI	SALARIES DRAWN						
	(i) Name of the Employer :							
	(ii)	Office/Unit in which	he/she (is) working with d	lesignation:				
	(iii)	Full address with dea	signation					
		Monthly emoluments	s (including all deduction)					
	(a)	Basic Pay	Rs.					
	(b)	Allowances	Rs.					
	(c)	House Rent	Rs.					
	(d)	Other Requisties	Rs.					
			Total Rs.					
				Signature of the Employer with SEAL				
ОТІ	HER							
	(i)	Income from subsidi	ary industries, part-time	occupation				
	(ii) Amount drawn as wages							
	(iii)	Any other income						
N.B	3. :	Father/Husband (in a unemployed wor		Signature of left/right thumb				
		signature of Father the case may be) is	•	impression of parent/guardian/ husband as the case may be.				
		,	·	•				
				:				
Dat	e :		Address	<u>:</u>				
			PART B	3				
	TO	BE FILLED IN B	_	HE INSTITUTION WHERE THE				
			APPLICANT IS S	TUDYING				
(i)	The	Statement made by	the applicant in part (A	a) are correct to the best of my knowledge,				
	Cas	ste Certificate has beer	n checked					
(ii)	Cha	aracter conduct and a	ttendance of the applicar	nt (general review)				
(iii)	Wh	ether regular pass or	supplementary of Provisi	onally promoted				
(iv)	If pr	provisionally promoted the name of the back subject to be cleared						

(v) Whether you remommend the applicant for the award of scholarship Months is studying in your Institution (vii) Whether Degree/Diploma Certificate/Trade Professional Course (viii) Authority issuing the above Degree etc.

(ix)	Date of commencement of the current Academic Session of the course							
(x)	Exact date on which the applicant joined that course/class this year							
(xi)	Likely date, month and years on which the annual examination in the current session will be over							
	(inc	ludin	g practical subject	s)				
(xii)	(a)	(a) Is the applicant exempted from payment of tuition fees						
	(b)	If ye	es, please indicate	whether examination is for full	/half tuition fees			
(xiii) If the applicant is residing in an approved hostel, please indicate if her/she is entitled to free								
board/free lodging								
(xiv) Exact date of admission in the hostel								
(xv) The designation and full address of the head of Institution to whom the scholarship amount in								
respect of this student may be sent								
(xvi)	i) The Student is required to pay the following fee during which are no							
reimbursed by Sate Government or from any other sources.								
N.B	. : T/	he He	ead of the Institution	n is to see that no other fee ch	arged excepting the	fee as listed below :		
					Course Amount payble for the year	Course Amount for the year		
	, ,	_			Rs. P.	Rs. P.		
	(a)		olment or Registra	tion fee				
	(b)	(i)	Tuition fee					
		(ii)	Science or labora non Refundable p	` ' '				
	(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							
	(j) Charged by the Institution/University							
				Total fees payable during				
			·					
	Signature of the head of the institute with Seal							
For Use of the Office of the Director, WPT&BC Assam/PD, I.T.D.P./Sub-divisonal Welfare Office								
Amount passed for payment Rs.								
Checked by								

Certified that this Institution is affilated	d to the					
University/Board	and is recognised by the Government of					
India/State Government of	in the year					
of The applicant is stud	ying course					
in the Institution and the minimum qualific	ation required for admission to the course is passed					
in the	Examination.					
I undertake that the scholarship amou	unt in respect of the applicant if any when placed at					
my disposal will be disbursed by me for the specific purpose for which it is given and the						
accounts will be regularly reported to the	e authority which awarded the scholarship. In case					
the applicant leaves the institution or otherwise discontinue the studies or accepts any other						
regular scholarship/stipends the fact will be immediately reported to the said authority and						
payment of scholarship to the applicant will also be discontinued. The undisburshed amount						
lying with the Institution on account of maintenance charges, fees etc. will also be refunded						
in the Government account.						
	* Cianature of the Head of the Institution and Cool					
	* Signature of the Head of the Institution and Seal					
	Name in capital letters					
	Designation					
	Full Address					
No						
Place						
Date						

^{*} Stamped signature will not be accepted