

**GOVERNMENT OF ASSAM
DIRECTORATE OF WELFARE OF PLAIN TRIBES AND BACKWARD CLASSES, ASSAM
RUKMININAGAR:::GUWAHATI-6**

**APPLICATON FORM FOR POST MATRIC SCHOLARSHP
(RENEWAL FOR THE YEAR)**

1. Name of Applicant (Full Name in English) :
2. Gender : Male / Female
3. Caste :
(furnish Caste Certificate)
4. Permanent Address :
with PIN Code
5. Present Address :
with PIN Code
6. Bank Name :
i) Account No. ii) IFS Code :
7. Aadhaar Number :
8. Name of Institution :
with full address
9. Name of Course :
10. Academic Year :
11. Scholarship received : i) Amount:
during previous Year/Sem : ii) 1st yr/2nd yr/1st sem/3rd sem/5th sem (tick which is applicable)
12. Scholarship applied for : 2nd Yr /3rd Yr /3rd Sem /5th Sem/7th Sem (tick which is applicable)
the current Year / Sem
13. Whether promoted to next :
higher class or detained in the
same class in previous year.
(furnish Marksheet of last Exam)
14. Whether Day Scholar or Hosteller :
(If Hosteller furnish certificate)

Signature of the applicant

15. Whether recommended for scholarship

Signature of Head of the Institution
(Seal)

FOR OFFICE ONLY

Group	Maintenances		Period From: To :	Total amount	Tuition fees	Exam fees	Other fees (Non refundable)	Grand Total	Remarks
	B	C							
A	B	C	D	E	F	G	H	I	J

Check by

Countersigned