

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 SCHEDULED TRIBES, 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 Name in English.....
2. Full Name in Recognised
Official Language
3. Gender.....
4. Address 1 : House Number / Colony.....
5. Address 2 : Village / Ward.....
6. Address 3 : Gram Panchayat / Town.....
7. Address 4 : District.....
8. Address 5 : State..... 9. Pin Code.....
10. Day Scholar / Hosteller.....
11. Bank Name.....
12. Account Number..... 13. IFSC CODE of Branch.....
14. Aadhaar Number.....
15. Academic Year.....
16. Institute - Full Name in English.....
17. Community Sub-caste Religion
18. Class Roll No
19. Course of study undertaken
20. Result of the last university/Board/Annual Examination
- (a) Name of the Examination Passed
- (b) Name of the Institution from which appeared and passed
- (c) Year of Passing Division or Class obtain
- (d) Total marks obtained Percentage 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 service

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(g) If retired from Service furnish exact date of retirement
(Attested copy of pension Certificate is to be enclosed)

22. Total annual income of parents/guardian/husband and self, if any from all sources ending
31st March Rs. (in words)

N. B. : So long father or husband (in case of married unemployed Woman) is alive only the income of the father/husband (as the case may be) from all sources should be furnished in page 5 Annexure II and in the form of income declaration (A) Annexure III page 6, including Schedule income is to be declare on this basis. In cases where father has died the income of the mother and when both parents (or husband in the case of married but unemployed girl student) have died the income of the guardian who is supporting the student in his/her studies should be furnished.

**FRESH APPLICATION FORM
FOR GOVERNMENT OF INDIA/ASSAM POST-MATRIC SCHOLARSHIP**

N.B. : This Application should be submitted to the
(a) Project Director, I.T.D.P. for ST students
(b) SDWO for OBC students
where the Institution located (with in the state of Assam)
through the Head of the Institution.
(c) The Director of W.P.T. & B.C. for the students studying
out side the state.

PART (A)

(TO BE FILLED IN BY THE APPLICANT IN NEAT AND CLEAN HAND WRITING)

1. Name of the applicant in full
(In block capital letter, Woman candidate should indicate Miss or Mrs.)
2. Date of birth in Christian era and to be supported by
(attested copy of matric or equivalent examination certificate)
3. Father's/Guardian's/Husband's name in full
(in case of married woman students husband's particulars are invariably required)
(a) Occupation Department Designation
4. (a) Permanent Address of Father/Husband
Village/Town Municipality Ward No.
P.O. P.S.
Mouza Dist. State
- (b) Present Address in full
Village/Town Municipality Ward No.
P.O. P.S.
Mouza Dist. State
5. Applicant's occupation, if any
6. Who supports you in your study, i.e., Father/Mother/Guardian/Husband
(a) Name
- (b) Full address

7. Name of Children receiving Post Matric/Post Education during :

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

8. Whether the candidate applied previously and already in receipt of scholarship under scheme during Please furnish particulars with allotted number

9. Class in which the applicant was studying during :

(ii) If the applicant passed the last University/Board/Annual examination earlier than Particulars of how he/she occupied himself/herself after Passing that examination should be given here

(a) Activities during the gap period
(A prescribed declaration form, which is available with the head of the institution is to be filled up and signed by both student and Parent' guardian and also to be countersigned by the head of the Institution where the students is prosecuting his studies to be furnished without which the application will be rejected)

(b) Whether the student was studying in any institution after passing the last annual/final examination and if so, name of the institution
.....

(c) If study was discontinued, state reasons of the discontinuance
.....

(d) Were you awarded scholarship of the course of which you could not complete?
.....

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

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13. Particulars 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. Whether 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
 - (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. Course 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. Whether residing in the hostel of the Institution or in a approved hostel
Yes or No. (Certificate from Hostel Superintendent is to be attached)
If yes, 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

Signature of the applicant

Place : Date :

**ANNEXURE I
CASTE AND CITIZENSHIP CERTIFICATE**

- Note : (i) This certificate is to be signed by the **DEPUTY COMMISSIONER OF THE DISTRICT OR SUBDIVISIONAL OFFICER (CIVIL) OF THE SUB-DIVISION** (Where the parents/Guardian of the candidate is permanently residing) or Commissioner for Schedule Caste/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 on my knowledges that Shri/Kumari/Shrimati (Name of the Student).....

Son/daughter/wife of Shri (name of father/husband)

Permanent resident of village P.O.

Mouza P.S. District

State is a citizen of India. Shri/Kumari/Shrimati

(name of the student) belongs to the Caste/Tribe

Sub-Cast/Sub-Tribe..... and his/her religion is

Place : *Signature of the issuing authority

Date : Full name in capital letters

Designation

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

**ANNEXURE II
INCOME CERTIFICATE**

A. Certificate to be submitted from :

- (1) SDC/BDO/Mouzadar in case of guardian is cultivator. (2) Employer in case of Govt./Qusai Govt. employees.
(3) Income tax officer in case of Businessmen. (4) Proprietor if the guardian is employed in private farm.

Certified to the best of my knowledge that Shri/Shrimati

..... father/mother/guardian/husband of Shri/Shrimati

..... (name of the students) is a permanent resident of

Village P.O. District

State His/her Profession is

..... and his/her total annual income from all sources (including student's own earning, if any) in the preceding year ending 31st March was Rs.....

(Rupees only).

Countersigned by
Signature of D.C. S.D.O

Full Name

Designation

**Signature of the Income Tax Officer
S.D.C. B.D.O./Mouzadar/Employer/Proprietor

Full name

Designation

Place

Date

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

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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)

Whereas my son/daughter/dependent Shri/Miss/Shrimati (in case married female candidate)

..... Student of

College had applied for grant of a scholarship

I Shri son of Shri

Address Village P.O.

District State Declare that my

total annual income from all sources in the preceding year ending 31st March

was Rupees as per details furnished below. I

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

I further undertake 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 (name of the Student) and the Government's decision or whether the declaration of particulars is taken shall be final and binding on me.

I further declare that I am a permanent resident of the State of

and belonging to (Sub-caste carrying my profession's as

Place :

Date :

Signature

Relationship to the Student

SCHEDULE PARTICULARS TO BE FURNISHED BY ALL CANDIDATES, IRRESPECTIVE OF ANY CASTE AND COMMUNITY WITHOUT WHICH THE APPLICATION WILL BE REJECTED OUTRIGHT

I. EXTENT 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. PROPERTY HELD

(Houses, 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 :

(vii) Address of shop :

(viii) Nature of Business :

(ix) Sales-tax/income-taxes paid :

(x) Licence No. :

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III. SALARIES DRAWN

- (i) Name of the Employer :
- (ii) Office/Unit in which he/she (is) working with designation :
- (iii) Full address with designation

Monthly emoluments (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

OTHER

- (i) Income from subsidiary industries, part-time occupation
- (ii) Amount drawn as wages
- (iii) Any other income

N.B. : *Father/Husband (in case of married unemployed woman) if alive signature of Father/Husband (as the case may be) is acceptable.*

Signature of left/right thumb impression of parent/guardian/husband as the case may be.

Place : Name :

Date : Address :

PART B

TO BE FILLED IN BY THE HEAD OF THE INSTITUTION WHERE THE APPLICANT IS STUDYING

- (i) The Statement made by the applicant in part (A) are correct to the best of my knowledge, Caste Certificate has been checked.....
- (ii) Character conduct and attendance of the applicant (general review)
- (iii) Whether regular pass or supplementary of Provisionally promoted
- (iv) If provisionally promoted the name of the back subject to be cleared
- (v) Whether you remommend the applicant for the award of scholarship
- (vi) Duration of the course which the aplicant (a) Years (b) Months is studying in your Institution
- (vii) Whether Degree/Diploma Certificate/Trade Professional Course
- (viii) Authority issuing the above Degree etc.

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- (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 (including practical subjects)
- (xii) (a) Is the applicant exempted from payment of tuition fees Yes or No.
 (b) If yes, 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) The Student is required to pay the following fee during which are not reimbursed by Sate Government or from any other sources.

N.B. : *The Head of the Institution is to see that no other fee charged excepting the fee as listed below :*

	Course Amount payable for the year		Course Amount for the year	
	Rs.	P.	Rs.	P.
(a) Enrolment or Registration fee				
(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				
(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

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Certified that this Institution is affiliated to the
 University/Board and is recognised by the Government of
 India/State Government of in the year
 of..... The applicant is studying course
 in the Institution and the minimum qualification required for admission to the course is passed
 in the Examination.

I undertake that the scholarship amount 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 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 undisbursed amount
 lying with the Institution on account of maintenance charges, fees etc. will also be refunded
 in the Government account.

* 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*