### **APPLICATION FORM**

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

# LATE, INCOMPLETE OR DEFFECTIVE 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 SCHEDULE CASTES (IN CASE OF STUDENTS STUDYING OUTSIDE THE STATE)

Applicant must affix a passport size a 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   | tull :                    |                        | •     |  |  |
|----|--|---------------------------|------------------------|-------|--|--|
|    | (in block capital letters)   |                           |                        |       |  |  |
|    | (b) Bank A/C No:   |                           | (c) IFSC No.:          |       |  |  |
|    | (d) Name of Bank :   |                           |                        | sele. |  |  |
| 2. | (a) Name of the Institution w  | here the student is study | ying during 20         |       |  |  |
|    |  |                           |                        |       |  |  |
|    |  |                           | <u></u>                |       |  |  |
| 3. |  |                           |                        |       |  |  |
|    | (attested copy of the birth c  | ertificate to be enclosed | 1)                     |       |  |  |
| 4. | Whether a SC disabled stu  | dent                      | Yes/No                 |       |  |  |
|    | (If yes, enclose a certificate   | from a competent auth     | ority)                 |       |  |  |
| 5. | Whether you are pursuing a   |                           |                        |       |  |  |
| 6. |  |                           |                        |       |  |  |
|    | (In case of married girl student, husband's particulars are Invariably required) |                           |                        |       |  |  |
| s  | (I) Occupation :   |                           |                        |       |  |  |
| 7. | (a) Permanent address -  |                           |                        |       |  |  |
|    | 7 + 3.1 -wo see  | -                         | P.S.:                  |       |  |  |
|    |  |                           |                        |       |  |  |
|    |  | Dist. :                   |                        |       |  |  |
|    |  | Municipality Ward No      | ), i                   |       |  |  |
|    | (b) P O ·  |                           |                        |       |  |  |
|    |  |                           | Municipality Ward No.: |       |  |  |
| 8. |  |                           |                        |       |  |  |
| 9. | Who supports you in studie   |                           |                        |       |  |  |
| Э. |  |                           | (ii) Occupation :      |       |  |  |
|    |  |                           | (1) 0000               |       |  |  |
|    | (iii) Full address   |                           | * /**                  |       |  |  |

8. Name of your own brother/Sister receiving post Matric Scholarship under this Scheme during (

| Serial<br>No.                         | Name of the Student  | Class in which reading                  | Name of the Institution<br>Where prosecuting<br>studies | Whether in receipt of<br>Scholarship Particulars<br>with allotted Number and<br>whether fresh or renewal  |
|---------------------------------------|--|---|---|---|
| 1                                     | 2  | 3                                       | 4   | 5   |
| e e e e e e e e e e e e e e e e e e e | Allender (m. 1905)<br>Borganor (m. 1905)<br>Borganor (m. 1905)<br>Borganor (m. 1905)   |   | A STATE OF C  |   |
|                                       |  | 470                                     | e diff.   |   |
| s i                                   |  |   |   |   |
|                                       |  |   |   | e en  |
| e 6                                   |  | e (jare)                                |   |   |
| #<br>#                                |  | C: - Committee                          | i in the second projection in the                       |   |
|                                       |  |   | *   |   |
| •                                     |  | # * * * * * * * * * * * * * * * * * * * | •   |   |
|                                       | e de la companya de l | ్ ిమెజ్ జ                               |   | Remondação do Servicio de April 2005 de 1905 d<br>La composição de 1905 |
|                                       |  | · 발라이어 : 114                            |   |   |
|                                       | de a   |   |   |   |
|                                       | i ar epar y gr   |   | AB TEBRUTA TO BERLENGED                                 |   |
| 2 2 5                                 |  |   | TANGT SEGRETAL  |   |

| 9. | Yea | ar of the last University/Board/Annual Examination Passed  |
|----|-----|--|
|    |     | Activities during the gap period, if any   |
|    |     | (A prescribed declaration form, which is available' with the head of the Institution, is to be filled up |
|    |     | and signed by both student and parents/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 complete?                                |
|    |     |  |

## 10. Particulars of examination from Matriculation or onward

| Examir<br>Taken | nation  | Date in which examination             | Year in which<br>Whether examina-<br>tion passed | Whether University<br>Board or Class<br>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   | F 5   | 7   |
| 1.              | H.S.L   | Certificate                           |  |   |   |   |       |   |
| 2.              |         | er<br>ndary School<br>ng Certificate. |  |   |   |   |       |   |
| 3.              | Certif  | n School<br>iicate<br>nination        |  |   |   |   |       | <b>.</b>                                  |
| 1.              | B.A/E   | 3.Sc./B.Com                           |  |   | ***   |   |       |   |
| 5.              | 1st M   | .B.B.S./Engg.                         | 1/11   |   |   |   |       |   |
| 6.              | M.B.E   | 3.S.                                  |  |   |   |   |       |   |
|                 | M.A./   | M.Sc./M.Com.                          | Prevo  |   |   |   |       |   |
|                 | M.A./   | M.Sc./M.Com.                          | etc.   |   |   | ¥ .   |       | ¥ .                                       |
|                 | B.T./L  | L.B. Prel/Int                         | * · · · · · · · · · · · · · · · · · · ·          |   |   |   |       |   |
| 0.              |         | other<br>Matric<br>se with name       |  |   |   |   |       |   |
| 1.              |         | spondence Co<br>e of the course       |  |   |   |   | •     |   |
| 2.              | Whet    | her you are/wer                       | e in receipt of so                               | holarship under,                                    | any other schem                             | ne in this/the                                | prece | eding years(s                             |
|                 | Yes o   | r No                                  |  | . ·   |   | <b>3</b> .                                    |       | y e                                       |
|                 |         | , please furnish                      |  |   |   |   |       |   |
|                 |         |                                       |  | e   |   |   |       |   |
|                 | (ii) C  |                                       |  | of the institutio                                   |   |   |       |   |
|                 | (iii) Y |                                       |  | joyed last  |   |   |       |   |
|                 | (iv) S  | sanctioning No.                       | and date   |   |   |   | ,     |   |
|                 |         |                                       |  | Institution : Yes                                   |   |   |       | * .                                       |
|                 |         | nents to be atta                      |  |   |   |   |       |   |

(i) Part "B" of application form duly completed and signed by the head of Institution.

(ii) Caste and Citizenship Certificate (Annexure -I)

| (iii)     | 1       | Certificate | / A        | 111   |
|-----------|---------|-------------|------------|-------|
| 8 3-15 6  | Income  | CITITICATE  | LANNEYLIFE | -111  |
| 4 3 - 5 5 | HIGOHIG | Columbato   | MINIONGIO  | 1 8 3 |

| (iv) | Income | declarations | (Annexure | -111 |
|------|--------|--------------|-----------|------|

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.

|   | 20 |  |
|---|----|--|
| * |    |  |
|   |    |  |

(b) Full name in capital letters

|     | - | 1 | -            |  |
|-----|---|---|--------------|--|
| 1.1 | 1 | 1 | $\leftarrow$ |  |

(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 SUB-DIVIS\ION (Where the parents/ Guardian of 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 isuing authority in his own handwriting.

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

|  | ather/husband)                                 |   |
|--|--|---|
|  | permanent resident of village                  |   |
|  | MouzaP.S                                       |   |
|  | State  |   |
|  | Sub-Caste                                      |   |
|  |  |   |
|  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|  |  |   |
|  |  |   |
| Palce  | *Signature of the isuing authority             | <i>y</i>                                |
|  |  |   |
| Date   | Full name in capital letters                   |   |
| -  | i di name in capitanetters                     |   |
|  |  |   |
| ** Seal  | Designation                                    |   |
|  |  |   |
|  | Address in full                                |   |
|  | Address in full                                |   |
| * Stamped signature will not be account to the seal of | epted. issuing authority will not be accepted. |   |
|  | ANNEXURE II                                    |   |
|  | INCOME CERTIFICATE                             | , e <sup>2</sup>                        |
| *  | MOOME CERTIFICATE                              |   |
| This certificate in respect of the par-  | ant/quardian is to be issued by                |   |
| (1) Circle Officer (Revenue) BDO/M   |  | kita e ji i                             |
|  | Govt. Employees/Employees working in pri       | vate sector                             |
| (3) Income tax officer in case of Bus  |  | vento scotor.                           |
| Certified to the be  | st of my knowledge that Shri/Srimati           |   |
|  |  |   |
|  |  |   |
|  | illage   | - Ł                                     |
|  | District                                       |   |
|  | Assam. His/her                                 |   |
|  |  |   |

| profession is                                       | and his/her total  |
|---|--|
| annual income from all sources (including student's | s own earning, if any) in the preceding year ending 31st |
| March 20wa  | as Rs.   |
| Rupees  | ) only.  |
|   |  |
|   |  |
|   |  |
|   | **Signature of the Income Tax Officer/                   |
|   | C.O. / B.D.O. / Mouzadar /                               |
|   | Employer / Proprietor                                    |
|   |  |
|   |  |
| Seal  | Full name  |
|   | Designation  |
|   | Address  |
|   | Countersigned by Signature of DC.IS.DO.                  |
|   | Full Name  |
| Place   | Designation  |
| Date  | Seal   |
|   |  |
|   |  |

\*\*Stamped signature will not be accepted.

### ANNEXURE III

## FORM OF DECLARATION OF INCOME FORM A

(TO BE GIVEN BY PARENTS/GUARDIAN. WHEN PARENTS ARE ALIVE, PARENTS DECLARATION IS REQUIRED. FOR MARRIED FEMALE CANDIDATE HUSBAND'S DECLARATION IS REQUIRED)

|         |      | r/dependent/Shri/Shrimati (in case of m |                                 |
|---------|------|---|---------------------------------|
| VII33   |      |   | lied for grant of a scholarship |
|         |      |   |                                 |
| I, Shri |      | Son of Shri                             |                                 |
|         |      | Address Village                         |                                 |
| п О .   | Diet | rict : State :                          | declare that                    |

my total annual income from an sources in the preceding year ending 31st 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 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 of the student) |                                    |                                  |   |
|---|------------------------------------|----------------------------------|---|
| whether the   | e declaration or particulars is ta | aken shall be final and binding  | g on me.                                  |
| lfur  | ther declare that I am a perman    | ent resident of the state of Ass | sam                                       |
| and belonging to (Sub-Cast)   |                                    |                                  |   |
|   |                                    |                                  |   |
|   |                                    | <b>*.</b>                        |   |
|   |                                    | 4                                |   |
| Place   |                                    |                                  |   |
|   |                                    |                                  | Signature                                 |
| Date  |                                    |                                  | Relationships to the Student              |
|   |                                    | SCHEDULE                         |   |
|   |                                    |                                  | (as owner of tenant)                      |
| LEVIEN  | OF LAND LIEAD                      |                                  |   |
|   | OF LAND HEAD                       |                                  |   |
| (i)<br>(ii)   | Areas                              | Mouza                            |   |
| (iii)   | Survey No/Patta No                 |                                  |   |
| (iv)  | Land revenue assessed              | , , , , , , ,                    |   |
| 1   | *                                  |                                  |   |
| II. PROPE   |                                    | (House, shops, house-sites,      | The state of the state of                 |
| (i)   |                                    |                                  |   |
| (ii)  |                                    |                                  |   |
| (iii)   |                                    |                                  |   |
| (iv)  |                                    |                                  |   |
| (v)   |                                    |                                  |   |
| (vi)  |                                    |                                  |   |
| (vii)   | Trade Permit/Licence No            | ***                              | er en |
| III. SALAR  | IES DRAWN                          |                                  |   |
| (i)   | Name of the Employer               |                                  |   |
| (ii)  | Office/Unit in which he/she (i     | s) working with designation      |   |
|   | Monthly emoluments (includ         | ing all deductions):             |   |

|                 | Basic Pay<br>Other Allowances   | Rs   |
|-----------------|---|--|
| OTH             | IERS  |  |
| OTH             | (i) Income from part-time occupation  | Rs   |
|                 | (ii) Amount drawn as wages  | Rs   |
|                 | (iii) Any other income  | Rs   |
|                 | (iii) Arry other income   | Total Rs                                       |
|                 |   | Total NS                                       |
|                 |   |  |
|                 |   |  |
|                 | If father/husband (in case of married)  |  |
| uner            | nployed woman if alive, signature of  | Signature or left/Right thumb impression       |
| fathe           | er/husband (as the case may be is   | of the parents/guardian/husband as the case    |
| acce            | eptable)  | may be   |
|                 |   |  |
|                 |   |  |
| Plac            | e   | Date :   |
| Nam             | ne  | Address:                                       |
|                 |   | <b>.</b>                                       |
|                 | TO BE FILLED IN BY THE HEAD OF THE IN   | /  |
| (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   |  |
|                 | or provisionally promoted   |  |
| (iv)            | If provisionally promoted, the name of  |  |
|                 | the back subject to be cleared  |  |
| (v)             | Whether you recommend the applicant   | y y y y y y y y y y y y y y y y y y y          |
|                 | for the award of scholarship  |  |
| (vi)            |   | ***************************************        |
|                 |   |  |
| (vii)           | Duration of the course in which the applicant is stu  | dying in your Institution                      |
| (vii)<br>(viii) | Duration of the course in which the applicant is stu  |  |
|                 | Duration of the course in which the applicant is stu<br>Whether Degree/Diploma, Certificate/Trade profes<br>Date of commencement of the current   | dying in your Institutionssional course        |
|                 | Duration of the course in which the applicant is stu Whether Degree/Diploma, Certificate/Trade profes Date of commencement of the current Academic Session of the course  | dying in your Institutionssional course        |
| (viii)          | Duration of the course in which the applicant is stu Whether Degree/Diploma, Certificate/Trade profes Date of commencement of the current Academic Session of the course Exact date on which the applicant joined | dying in your Institutionssional course        |
| (viii)          | Duration of the course in which the applicant is stu Whether Degree/Diploma, Certificate/Trade profes Date of commencement of the current Academic Session of the course Exact date on which the applicant joined | dying in your Institutionssional course        |

| (xi)              | <ul><li>(a) Is the applicant exempted from payment</li><li>(b) If yes Please, indicate whether exemption</li></ul>   | of tution fees? Yes or No .  | es.                                     |
|-------------------|--|--|---|
| 7 . 115           | (b) If yes Please, indicate whether exemption If the applicant is residing in an approved hoste  | I Please indicate if he/she  | e is entitled to free board/            |
| (xii)             |  | 1, 1 10000 1110111111111111111111111111  |   |
|                   | free lodging .   |  |   |
| (xiii)            | Exact date of admission in the hostel.  The name of the nearest branch of State Bank of  | of India in respect of outsid  | le the State and the name               |
| (xiv)             | of the Bank account No. in respect of inside the   | state through which the  | payment of Scholarship is               |
|                   | of the Bank account No. In respect of inside the   | state, through which are   |   |
|                   | desired should be stated here.  The designation and full address of the Head o   | f the Institution to whom the  | ne scholarship amount in                |
| $(\times \wedge)$ | The designation and full address of the Head of  | THE HISHIGHOFF TO WHOTH I  | , |
|                   | respect of the student may be sent.  The student is required to pay the following fee d  | uring which are not re-imbu  | rsed by state Government                |
| (xvi)             |  | uning which are not to imp   |   |
|                   | or from any other sources-   | Course   | Course                                  |
| N.B.              | : The Head of the Institutions is to see   | Amount payable   | Amount payable for the year             |
|                   | that no other fee charged excepting the  | for the year P.  | Rs. P.                                  |
|                   | fee as listed below :-   | Rs. P.   | * 10.                                   |
|                   |  |  | 1 age 1                                 |
|                   |  | ye to the  |   |
| (a)               | Enrolment or Registration fee  |  |   |
|                   |  |  |   |
| (1.)              | (i) Tution fee-  |  |   |
| (b)               | (  |  |   |
|                   | (ii) Science or Laboratory, fee (if any)   |  |   |
|                   | non-refundable portion.  |  |   |
|                   | gale to a fine to the time of the  |  | *                                       |
| (c)               | Game fee   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | e se e                                  |
| (d)               | Union fee  | and the state of   | 5 - 2 - 2                               |
| (e)               | Library fee  |  |   |
| (f)               | Common Room fee  | 2 ** 2   | 8 <sup>5</sup> 2                        |
| (g)               | Magazine fee   | 2 9  |   |
| (h)               | Medical examination fee chargd by the  | v  |   |
| ()                | institution .  |  |   |
| (:)               | Examination fee charged by the Institution/  |  |   |
| (i)               | University Total fee payable during  |  |   |
|                   | University Total fee payable during  | •  |   |
|                   |  |  | y **                                    |
|                   | will, not be occupied.   | androny become   |   |
|                   | in the second of the second se | and a complete of the control of the |   |
|                   |  | Signature  | of the Head of the institution          |
|                   | r use of the office of the Project   | Signature  | 01 (10 11000 01 110 110 110 110         |
| Dir               | ector. I.T.D.P., Assam   |  |   |
|                   |  |  |   |

| For use of the office of the Proje<br>Director. I.T.D.P., Assam | ect | Signa | ture of the Head of the institut           |
|---|-----|-------|--|
|   |     | (1)   | Project Director I.T.D.P.                  |
| Amount passed for payment Rs                                    |     |       |  |
|   |     | (2)   | Director, Welfare of Schedule Caste, Assam |

| Certified that the Institution is affiliated to   | o the   |
|---|---|
|   | the Government of India/State Government of   |
| +   | in the year of  |
| minimum qualification required for admi   | ssion to the course is passed in the  |
|   | Examination.  |
|   |   |
|   |   |
| be disbursed by me for the specific purp<br>to the authorities which awarded the so<br>discontinue the studies or accepts an<br>reported to the said authority and payr | ont in respect of the applicant if and when placed at my disposal will be ose for which it is given and the accounts will be regularly rendered cholarship. In case the applicant leaves the institution or otherwise by other regular shoolarship/stipends the fact will be immediately ment of scholarship to the applicant will also be discontinued. The titution on account of maintenance charge, fees, etc. Will also be |
|   |   |
|   | *Signature of the Head of the institution   |
| No  | Name in capital letters   |
| Place   | Designation   |
| Date,   | Address   |
|   |   |
|   |   |
| SEAL  | OF THE INSTITUTION  |
| * Stamped   | signature will not be accepted  |