Application for award of scholarship to fresh students with disabilities Part-B (Annexure A)

PART - B

Application for award of scholarship to fresh students with disabilities(2007-08)

(All information should be given either in English or in Hindi only)

1. Name: _________________________
   (As in Matriculation certificate/school records)

2. Address: _____________________________
   ____________________________________
   State: _________ Pin: __________
   Tele no.(if any): _____________

3. Date of Birth: ___________________

4. Sex please specify (M-Male, F-Female): _________

5. (i) Type of disability (Please specify): __________________
   [(1) Orthopaedically Handicapped, (2) Hearing Handicapped, (3) Blindness or Low Vision, (4) Other disabilities e.g. Cerebral Palsy, Mental Retardation Multiple Disabilities, Profound or Severe Hearing Handicapped]
   (ii) Percentage of Disability(Please enclose an attested copy of the disability certificate)

6. Educational Qualifications:

<table>
<thead>
<tr>
<th>Examination Passed</th>
<th>Name of the Institution</th>
<th>Name of the Board / University</th>
<th>Major Subjects</th>
<th>Aggregate marks obtained &amp; % thereof</th>
<th>Class / Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class VIII</td>
<td></td>
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<tr>
<td>Matric / Secondary</td>
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<tr>
<td>Sr. Secondary / Intermediate</td>
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<tr>
<td>Graduation</td>
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<tr>
<td>Others</td>
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</tr>
</tbody>
</table>

   * In case of grades, please mention equivalent % of marks and also enclose authenticated conversion formula

7. Family Income per annum (in Rs.) _______________ (please enclose Income Certificate)

8.  
   i.Course applied for (complete name): ________________
   ii.Academic Session: ___________
   iii.Duration: _______________
   iv.Date of Admission: _______________

9. Name and address of the institution where course will be under-taken:-
   ____________________________________
   ____________________________________
   ____________________________________

10. Whether hosteller or a day scholar please specify ________________
   (If hosteller, please specify whether provided by the institution or own
arrangement and address of the hostel):
________________________ (please enclose certificate)

11. Details of Scholarship / Stipend / financial assistance being received for the same course (if any).

12. Any other information applicant wishes to provide

I hereby declare that information provided above is true to the best of my knowledge and I am aware that providing wrong information will make me liable to legal action and recovery of scholarship amount.

Name & Signature of the applicant

Date:

Place:

Enclosures:

1.

2.

3.

4.

5.

(TO BE FILLED IN BY INSTITUTION)

Recommendation of the institution

(only one application per student is to be recommended)

1. Certified that Shri/Kum./Smt. ___________________ is studying course of ___________________________ which is (please tick the relevant or specify) Diploma / Degree / PG level study / any other (please specify ___________________) and is presently studying in -

(Tick whichever is applicable)

<table>
<thead>
<tr>
<th>I Year</th>
<th>II Year</th>
<th>III Year</th>
<th>IV Year</th>
</tr>
</thead>
</table>

The duration of the course is ________________

2. The information furnished above by the student is in order and correct as per records of the Institution.

3. The student is receiving scholarship / financial aid / stipend from __________________________ / not receiving any scholarship / financial aid / stipend from any other source as per records of the Institute

4. General conduct of the student is satisfactory / unsatisfactory
(please strike out whichever is not applicable)

Signature & Name of Head of Institution / Registrar / Dean

Date: ________

Place: ________

Seal of the Institution