# SCHOLARSHIP FORM NO. 1

# HISTORY SHEET OF THE APPLICANT FOR POST-MATRIC/SCHOLARSHIP TO:—

rtion not	*SCHEDULED CASTES
ilicable	*SCHEDULED TRIBES
uld be	*DENOTIFIED TRIBES
ssed out	*NOMADIC TRIBES
he applicant	*SEMI-NOMADIC TRIBES
The second of th	
Note.— The applicant should fill in correctly the entries from the authority which awards scholarship.	om 1 to 5 only. The remaining entries will be fille
Full name of the applicant	Shri/Shrimati/Kumari
(IN BLOCK LETTERS)	
Applicant belongs to-	State
A STATE OF THE STA	District
	Permanent
	Address
A	
(a)(i) Whether Scheduled Castes, Scheduled	- N
Tribes, Denotified, Nomadic and Semi Nomadic Tribes	
(c) Whether employed or not	
(a) Course of Study for which scholarship desired	
(b) Class and Course studying	
Name of the institution where studying and its complete postal address	
(To be filled in by the Award	ding Authority)
Year of applying	*
Application/Folder File Number	8 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11 6
Whether awarded scholarship	
Monthly rate of maintenance charges fixed at	
the rate of—	
	Hosteller rate Rs.
The state of the s	Day Scholar rate Rs.
Total period for which the scholarship will be	From To
required for the completion of the course	1 8 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date from which scholarship payable	
Progress Chart—(This may be filled up from the year of	selection onwards making thereof the renewal
made till the applicant completes the course).	

#### FRESH

# APPLICATION FOR GOVERNMENT OF INDIA SCHEME OF POST-MATRIC SCHOLARSHIP TO SCHEDULED CASTES, SCHEDULED TRIBES, DENOTIFIED, NOMADIC AND SEMI-NOMADIC TRIBES STUDENTS FOR STUDIES IN INDIA

#### (Instructions for the Applicants)

- 1. Before filling in the application form the applicant must carefully read the regulation of the scheme. These scholarships are for Post-Matriculation/Post-Secondary studies only.
- 2. This form is intended for FRESH applicants and for those who were in receipt of scholarship in the previous year but have completed a stage of education (e.g. Intermediate/Pre-University/Pre-Prefessional/Pre-Medical/Pre-Engineering etc.) and desire to apply for scholarship during the current year for studying a higher course of study (like Pre-University/Intermediate or M.A. after passing B.A. or M.B.B.S. after passing Pre-Medical Intermediate).
- The applicant must submit this application duly completed to the authority prescribed for this purpose by the Government of the State/Union Territory to which he/she actually belongs/permanently settled, before the last date prescribed by that authority for receipt of these applications Incomplete applications received after last date of receipt of applications is over are liable to be rejected. The applications should NOT be sent to the Government of India.
- 4. APPLICANT IS WARNED THAT IF HE/SHE SUBMITS THE APPLICATION BY GIVING FALSE STATEMENT, WRONG DECLARATION OF CASTES, INCOME ETC. OR OTHERWISE OBTAINS SCHOLARSHIP, THROUGH FRADULENT MEANS HE/SHE WILL BE BLACK LISTED AND DEBARRED FOR SCHOLARSHIP FOR EVER UNDER THIS OR ANY OTHER SCHOLARSHIP SCHEME, THE SCHOLARSHIP PAID WILL ALSO BE RECOVERED.

#### PART (A)

(Entries to be filled in by the applicant in neat and clean handwriting)

Applicant must affix his/her Passport size photograph with his/her signature thereon

.0	ä
	The Director of Public Instruction
	Punjab, Chandigarh.

(\*\*\*The applicant schould state wheather he/she belongs to Scheduled Castes, Scheduled Tribes, Denotified Nomadic, Semi-Nomadic Tribe or

Scheduled Castes, Scheduled Tribes, Denotified Nomadic and Semi-Nomadic Tribes candidate should also indicate Sub-caste);

Name of the applicant in ful BLOCK LETTERS (Wome candidate should also ind whether Miss/Mrs.)  Date of Birth  (i) Nationality  (ii) State to which the ap Actually belongs per	en	# P	1 9		
candidate should also Incomether Miss/Mrs.)  Date of Birth  (i) Nationality  (ii) State to which the approximation of the state of the		2	6 . 3	19 <sup>1</sup> A	
whether Miss/Mrs.)  Date of Birth  (i) Nationality  (ii) State to which the ap	icate	T V	8 8	*	
Date of Birth  (i) Nationality  (ii) State to which the ap		N.	E 9	트렸	
(i) Nationality (ii) State to which the ap		v			
(ii) State to which the ap		X.			
(ii) State to which the ap					·
- [20] [20] [20] [20] [20] [20] [20] [20]					
Actually balance non	plicant	0(-10) 9			
	nanently	5			* I
settled-	*1	.5	02		
		*	State _		
		8	District	1	
		** # _ &			
· · · · · · · · · · · · · · · · · · ·			ruii rei	manericadoress_	X
Present address	40		1-		
Whether married or single			ň	4.7	
State whether your father	n t	2 =	J.		
P				2	
husband is alive		-	= Xa-		w e
			Name_		
address of your father/mo	ther/husband/gi	uardian	V.L. COMP.	#425 N	
		. 1-9			<del>Paris -</del>
ann laste rik fis	r. et e		Present	t address	
	= E	- 1, 8 2	Perman	nent address	
Who supports you in you	retudies i e	4	2 4 4		
		v (*)	무실랑의		
	3		53	= 14	
E SILVERS	dian/hushand/	5 9 2	24.00	10 m	
	41 PM			8	* * ***
		ata : :		De	
		71		Ùż.	18,
	10 St (20 TO 1)	X	11 "2	ā Ē	
Number of children receiv	ica cost-matric		1. 85	2, ",	.e.s
		ľ			
				777 29 27	
2		and the	Anne o		9 19
e their full particulars :			o alim el		
HANNEL IN THURSDAY STATES OF					7.75
			1000		
	studying	studying	neralizate.	in receipt of	a ocholarship
		7.0			
					d
	State whether your father husband is alive	Give full name, occupation and complete address of your father/mother/husband/give who supports you in your studies, i.e., father/mother/guardian/husband or are you supporting yourself.  If your father/mother/guardian/husband/ supports you, please state:  The total annual income of your pare (father and mother/guardian/husband from all sources in the preceding ye ending 31st March, 20—  Number of children receiving post-matric education in the current year including in the applicant etheir full particulars:	State whether your father	Present address  Whether married or single  State whether your father husband is alive  Give full name, occupation and complete postal address of your father/mother/husband/guardian  Occupation  Occupation  Present  Permare  Who supports you in your studies, i.e., father/mother/guardian/husband or are you supporting yourself.  If your father/mother/guardian/husband/ supports you, please state:  The total annual income of your parents (father and mother/guardian/husband) from all sources in the preceeding year ending 31st March, 20—  Number of children receiving post-matric education in the current year including in the applicant  a their full particulars:  me  Age  Class and course in which  Institution where	State whether your fatherhusband is alive

ě

- 11. if you are supporting yourself please indicate :-
  - (a) Your present occupation
  - (b) Name and address of your employer
  - (c) Total monthly income
  - (d) Whether the applicant has to support a family or not
  - (e) The total annual income from all sources of the family, including your own in the preceeding year ending on 31st March
- (i) Were you in receipt of scholarship under this Scheme in the previous academic year
  - (ii) If yes, indicate the course of study-

#### The Class

The Institution

13. Give particulars of all examinations taken and Colleges/Universities attended commencing with the Matriculation or equivalent examination. Attested copies of the certificates, diplomas, degree should be attached. Any break in the educational carrier and how that was spent should be indicated in the remarks column. Where it is not possible to attach copy of the certificate, one attested copy of the Marks-Sheet be sent.

Serial No.	Name of High School/ College/University/ Board, etc., from which examination was taken	Date of entering and leaving	Name of exami- nation taken	Rell No. and year	Whether passed or not, if passed, state division	Subjects taken	Remarks
	p= 4 ===,						
		- *		j	, F		

- (i) Course of study for which scholarship is now desired by the applicant
  - (ii) Name and full address of the educational institution where the applicant is studying the above course.
  - (iii) Class to which admitted
  - (iv) Exact date of joining that class
  - (v) Subject taken

(vi) Total number of cars required for the completion of the entire course referred to at (i) From

To

- (vii) Likely date, month and year in which the final examination will be held and the name of the University/Board which will award the final degree/diploma/certificate
- (viii) Whether the course of study is a regular day time/evening time course?
- In case you are studying a regular evening time course indicate how your day time is utilised
- 15. Are you residing in the hostel of the institution on an approved hostel?
  (If yes, full particulars of the hostel and the hostel dues)
- (i) If you belong to Scheduled Tribe, have you attached Caste and Citizenship Certificate along with this application
  - (ii) If you belong to Scheduled Caste, Denotified, Normadic and Semi-Normadic Tribes, have you attached along with this application the Caste and Citizenship Certificate and income declaration
  - (iii) If you belong to Lower income Group, have you attached Citizenship and Income Certificate along with this application
  - (iv) Have you attached (a) receipt in acknowledgement of the Scholarship amount for the previous academic year, (b) Parent's/ Guardian's Declaration and (c) part 'V' from the head of your institution with this application
    - I hereby declare that I have read the regulations of the Scheme and the Statement made by me on this application form are correct. I further agree to abide by the terms and conditions of the award, if I am selected for the scholarship applied for.
    - I undertake that if any statement made by me is found incorrect by the Government whose decision will be final and binding on my scholarship amount received by me or overpaid to me will be refunded by me and failing which the authority awarding the scholarship will recover the amount through whatever means it deems proper.

I fully understand the declaration of false statements will debar me for scholarship for ever under this or any other scholarship scheme.

	2.		
Place:		Signature of the	* 0
		. Applicant .	
			¥

Date:

## PARENTS/GUARDIANS DECLARATION

(This declaration has to be given by father/mother/husband/guardian as the case may be of the applicant).

I certify that particulars given in the application are correct and if any of them is found to be incorrect, the Government's decision on whether the declaration of particulars is false shall be final and binding on me. I undertake to refund to the Government on demand the entire amount of Scholarship, etc. that may be paid to my son/daughter/wife/ward failing which the Government may recover the amount from me through whatever means it deems proper.

	i i		· 100 · 1
Place :	<b>⊕</b>		Signature
lace.		*	Left/Right hand thumb impression in
Date:			case he/she is illiterate

### PART (B)

(To be filled in by 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 (ii) Character, conduct and attendance of the applicant (general review) (iii) Whether you recommend the applicant for the award of a scholarship (iv) Date of commencement of the current academic session 1. Date of the course the applicant is studying in your Institution Course (v) Exact date on which the applicant joined the class (vi) Likely date, month and year on which the annual examination in the current session will be over (vii) (a) is the aplicant exempt from payment of tuition fees (b) If yes, please indicate whether exemption is for full or half tuition fee (viii) Details of the non-refundable compulsory fees (excluding hostel rent and other incidental charges payable by the applicant during the current year to the institution) The applicant is required to pay compulsory fees (excluding hostel rent and other incidental charges) amounting to Rs. to this institution for the current year from to as per details given below :--Particulars of all non-refundable Amount paid Amount paid compulsory fees payable by the applicant to the institution and University Rs. P. Tution University Examination Admission Grand Total Rs. Total

Ce

- \*\*Any other compulsory non-refundable fee payable by the applicant to the institution be indicated here,
  - (ix) Whether the applicant is residing in the hostel or not

IF YES, please indicate-

(a) the date on which the applicant joined the hostel

- (b) Whether the applicant is entitled to free board and Lodging/free board/free lodging
- (c) average monthly charges payable by the applicant
  - (i) Boarding, i.e., mess charges
  - (ii) Lodging, i.e.; hostel rent etc.
- (x) Designation and full postal address of the authority/
- (xi)

am	ount, etc., will be sent for disbursement to the old of the control of the contro	ne	± #	
Ind	me of the nearest branch of the State Bank of the Government Treasury through which ment of scholarship is desired		ı v	э
rtified tr	nat—			
(1)	the fees charged from the applicant are cor and there is no exemption possible. No fees any other source.			
(2)			University/Board	d and is recognised
	by the Government of India/State Governme is studying	nt of course in this ins	titution and the min	The applicant imum qualification
.55	required for admission to that course is a pa			
(3)	the applicant is receiving monthly payment	at the rate of Rs		per
. 4	month from the month of my desposal by the Government.		our of the adho	c amount placed at
ad hoc	grant-scholarship has been paid/is being pa class and his case has been referred to the	id to the students as awarding authority	s he has failed or be for decision to avo	een detained in the id wrong payment.
(4)	the accounts in respect of the application we the applicant leaves the institution or otherwi- stipend, the fact will immediately be repo- payment of scholarship to the applicant we with the institution on account of scholarsh account.	se discontinues stud rted to the authoriti rill also be discontin	dies or accepts any ty awarding the sc nued. The undisbu	y other scholarship/ holarship and the irsed amount/lying
		127		
1 99	-	'' a		= 1
	- · · · · · · · · · · · · · · · · · · ·	**Signa	ature of the Head o	fthe
ice :		Instituti	on	R
	* ************************************	* %**		and the second
te :		Name	n block letter	
TAMPE	ED SIGNATURES	Design	ation	<u> </u>
LL NOT	F BE ACCEPTED	ADDRE	ESS	.949
8			Institution	V S

The following documents may please be attached with this form :—

- Income Certificate of Parents from Executive Megistrate appointed by Punjab Govt. for attestation purposes.
- 2. Casts and Domicile Certificate may be attached with this form.