

No.

2016-2017

FRESH APPLICATION FORM
Post-Matric Scholarship to Scheduled Caste Students
(Sponsored by the Ministry of Social Justice and Empowerment, Govt. of India)

Recent Colour
Passport size
Photograph with
full applicant's
signature thereon

PART - A
[Part-A is to be filled in by the applicant in his/her own handwriting]

To
The Director,
Department of Tribal Affairs, Hills & Scheduled Caste Development
Government of Manipur, Imphal - 795001

Sir,
I wish to offer myself as an applicant for award of Post-Matric Scholarship to SC students for the academic session of 2016-2017 and my particulars are given below :

- 1. (a) Full name [in BLOCK LETTERS] :
(b) Date of Birth (enclose Class-X Certificate) : (dd/mm/yyyy) (c) Name of Caste
(d) Religion : (e) Nationality : (f) Phone/Mobile No.
(g) Full Permanent Address : Name of Village/Town : Sub-Div:
District : Pin Code , Manipur. (h) E-mail ID:
(i) Aadhaar No. : (As per Direction from the Govt. of India, Aadhaar No. is mandatory)
2. (a) Father's Name : (b) Occupation:
(c) Mother's Name : (d) Occupation:
(e) Total Annual Income (b + d) Rs.

3. (a) Present Class/Course of study :
(b) Duration of the Course : From 20..... - 20..... (.....years) (c) Class Roll No.
(d) A Govt. Nominee or Private : (e) University Reg. No. & Year
(f) Regular/Correspondence :
(g) Name of College/School/Inst. :
Postal Address :
City/Town..... District.....
Pin Code: State.....
(h) Student's Bank A/c No. Name of the Bank:
Name of the Branch : (Bank Account should be in the name of the applicant)
(i) Hosteller/Day Scholar :
(j) If Hosteller, specify (i) Name of Hostel : (ii) Room No.....

4. Details of Board/Council/University examination(s) passed : (See instruction Sl. No. 3(a) enclosed)
Table with 7 columns: Sl. No., Exam Passed, %, Roll No., Year, School/College/University, Board/Council/University

DECLARATION OF THE APPLICANT

I declare and certify that the above statement has been filled-up in my own handwriting and certify that they are accurate and true. (2) I have not applied/received any scholarship/stipend from any other sources. (3) I am not employed in any Govt./Semi Govt. establishment. (4) If any statement made by me is found incorrect or misrepresented, I undertake to refund in full the scholarship amount drawn by me. (5) In any event of any dispute arising in the award of scholarship, I further give my consent to abide by the instructions for filling up of this Application Form and the decision of the awarding authority will be final and binding upon me.

Date:.....

Place:.....

Full signature of the applicant

FOR USE OF THE AWARDING AUTHORITY ONLY

Code No.

(1) Academic Session: (2) Class/Course: (3) I/II/III/IV/V Year:

(4) Period: From to

(5) Rate of Maintenance Allowance: (i) Hosteller/Day Scholar = Rs x months = Rs.

ACCEPTED	REJECTED

(ii) Non-refundable Fees = Rs.

(iii) Total [(i) + (ii)] = Rs.

Reason(s) for rejection: (1) Incomplete entries (2) wrong entries (3) excess income ceiling (4) double apply (5) absence of certificate (6) absence of applicant's or head of institution's signature (7) doubtful handwriting of the applicant (8) doubtful or old passport photograph.

Signature of Dealing Assistant

Signature of Scheme Officer

PART – B

(To be filled in by the college/school/institution authority only)

1. Certified that the applicant is actually enrolled in this school/college/institution with effect from and studying in class/course for the academic session of 20..... - 20..... under admission number and Roll Number.....
2. The duration for completion of the whole course is from/...../20..... to/...../20..... = (..... years).
3. This Institution is affiliated to University/Council/Board.
(A copy of affiliation order/letter is to be submitted, if not submitted earlier).
4. If it is a Govt. Institution, specify name of the State :
5. If it is not a Govt. Institution, specify Recognition No. under Govt. of
(A copy of recognition order/letter is to be submitted, if not submitted earlier).
6. Particulars of all non-refundable compulsory fees paid by the applicant *for the year 20..... - 20.....*
(Excluding Mess & Hostel fees). Fee structure approved by the concerned State Govt. to be enclosed.

(i) Tuition Fee : Rs.	(ii) Examination Fee : Rs.
(iii) Library Fee : Rs.	(iv) Games & Sport Fee : Rs.
(v) Medical Fee: Rs.	(vi) Others : Rs.
TOTAL : Rs. (Rupees)	

Date :

Place :

Signature of the institution head/authority

Name in BLOCK LETTERS : ()

Designation with Seal :

Fax no. :

E-mail Address :

Website Address :

Telephone No(s). : (STD Code _____) _____

(Round Seal)

Full Postal Address of the Institution with Pin Code : _____

Note : (1) Stamped signature will not be accepted. (2) Official seal of the head of the institution, round seal of the institution, telephone No. and address with Pin Code No. are compulsory. (3) Full postal address should be clearly indicated for correspondence. (4) The application form will be rejected if found incomplete or filled in Part-B by the applicant. (5) **The application form will also be rejected if full address & particulars of the institution as given above are not clearly indicated.**

AUTHORIZATION LETTER

I, _____ would like to receive the sums disbursed by the Department of Tribal Affairs, Hills & Scheduled Caste Development, (SC Division), Manipur in my Bank account electronically as per details given below: *(To be filled-in neat & clear. The Department of Tribal Affairs, Hills & Scheduled Caste Development, Manipur will not be responsible if the Scholarship amount is transferred to someone else's account due to incorrect or unclear filling of the Bank Account details).*

1.	Name of the payee as in bank account (in BLOCK LETTERS)	
2.	Address	
3.	Telephone Number with STD Code	
4.	Fax No.	
5.	E-mail Address (if any)	
6.	Name of the Bank	
7.	Name of Branch (full address)	
8.	Bank Account No.	
9.	Account Type	
10.	Mode of electronic transfer available in bank branch (RTGS / NEFT / ECS / CBS)	
11.	IFSC Code	
12.	MICR Code	

(NOTE: Payment of Scholarship amount will be subjected to seeding of Aadhaar number in the Bank Account of the students).

Account number has been verified by me

Signature :

(Bank branch maintaining the Account)

Name of the Student :

Class :

Seal

Roll No :

Institute :

Address :

ANNEXURE – II

ACQUITTANCE/PRE-STAMPED RECEIPT (PSR)/**PRE-RECEIPT / ADVANCE RECEIPT**

(Form of Acquittance for amount to be received through electronic transfer)

Received a sum of Rs. _____ /- (Rupees
.....) only electronically from (DDO)
on account of the above amount sanctioned by the Department of Tribal Affairs, Hills & Scheduled Caste
Development, Manipur vide letter No.dated

Place :

Signature :

Revenue Stamp

Date :

Name of the Student:

Institute:

Class :

Identified by the Head of the Institution
with seal

Roll No:

INSTRUCTIONS FOR FILLING UP OF THIS APPLICATION FORM

1. This form is only for Fresh Applicants. [viz.-]
 - (a) XI Class, BA/BSc-I, MA-Previous, MBBS-I etc.
 - (b) XII Class, BA/BSc-II/III year, MA-Final,6 MBBS-II/III/IV etc. who did not apply in the previous year(s)].
 2. Students having a study break should furnish an Affidavit/Certificate stating the reason of break in his/her academic studies.
 3. **TO BE ENCLOSED/ATTACHED WITH THIS APPLICATION FORM:**
 - (a) **Self attested copies of Certificates, Mark Sheets, Admit Card of exam passed as at Sl. No. 4 of Part –A.**
 - (b) **Income Certificate of father/mother/guardian/husband ending 31st March of the current year in original issued by the competent authorities/executive magistrates. The present income ceiling for entitlement of the scheme as prescribed by the sponsoring Ministry is Rs. 2,50,000/- per annum.**
 - (c) **Scheduled Caste Certificate of the applicant issued by the competent authorities/ executive magistrates (original copy issued during the current year).**
 - (d) **Certificate in support of claim as Hosteller, issued by the warden of the hostel as at Sl. No. 3j of Part – A (The certificate must be countersigned by the head of the institution if not run by the institution).**
 - (e) **Break Certificate, if any (as stated at Sl. No. 2 above).**
 - (f) **Self attested copy of Aadhaar Card.**
 - (g) **A copy of the first page portion of the Bank Passbook/Bank Statement wherein account number, IFSC code, etc. are visible should also be attached in the application form.**
- N.B.:
- (i) **Enclosed documents will not be returned.**
 - (ii) **The awarding authority may demand original documents for verification if required.**
 - (iii) **The Directorate will not be responsible for any loss of application form or documents.**
4. Direct individual submission of this application form will not be accepted in case of students studying inside the State.
 5. **The last date of receipt of the Application Form in this office is 31st October, 2016.** After the last date of submission of form, no form shall be accepted.
 6. It will be the responsibility of the concerned institution for not awarding scholarship if forwarded this Form after the prescribed last date of submission.
 7. **PAYMENT WILL BE MADE ELECTRONICALLY BY TRANSFERRING INTO THE RESPECTIVE BANK ACCOUNT OF THE APPLICANT, SO EACH APPLICANT IS REQUIRED TO OPEN A BANK ACCOUNT IN HIS/HER OWN NAME AND SHOULD COMPULSORILY FURNISH HIS/HER BANK ACCOUNT DETAILS NEAT & CLEARLY IN THE ANNEXURES – I AND II ATTACHED HERewith THIS FORM.**
 8. The decision of the awarding authority is final.