No.

То

FRESH APPLICATION FORM

Pre-Matric Scholarship for Other Backward Classes Students

(Sponsored by the Ministry of Social Justice & Empowerment, Government of India)

(2016-2017)

The Director, Minorities and Other Backward Classes, Government of Manipur. Secured Office Complex, A.T. Line, Imphal- 795001. Affix Passport Size Photo with full signature of Applicant on it

PART-A

Sir,

I wish to offer myself as a candidate for award of Pre-Matric Scholarship to Other Backward Classes (OBC) Students for the academic session 2016-2017 as per my particulars given below:-

1.	Full Na	ame (in block let	ters):				
2.	Date of Birth (enclose certificate):						
3.	Name	of OBC:					
4.	Natior	nality:				5. Religion:	
6.	Permanent Address:						
7.	Particulars of the father/mother/guardian/husband (Strike off whichever are not relevant)						
	(a) Full name of Father/Guardian (in block letters):						
	(b) Full name of Mother:						
	(c) Address:						
	(d) Occupation of father & mother/guardian/husband:						
	(e) Total Family Annual Income:						
8.	. Particulars of previous Institute:						
	(a) Name of previous class of study:						
(b) Class:							
9.	9. Particulars of present course of study:						
	(a) Name of present School/Institute with full postal address:						
	(b) Na	ame of Class:		(c)	Duration o	f Class:	
	(d) Cla	ass Roll Number	:	Se	ction		
	(e) Govt. or Private:						
10.	10. Details of Last Examinations passed:						
Sl. No.		Exam Passed	Division with %	Roll No.	Year	School/Institution	Remarks

DECLARATION

I declare and certify that (1) I have not applied/received any scholarship/stipend from any other sources, (2) I am not employed in any Government/Semi-Government/ Private institutions/firm, (3) If any statement made by me is found wrong or misrepresented I undertake to refund in full the scholarship amount paid/drawn by me, (4) in the event of any dispute arising in the award of the scholarship, I further give my consent to abide by the decision of the Government which will be final and binding upon me, (5) the above statement are true and correct to the best of my knowledge and belief.

Dated:
Place:

(Full Signature of the Applicant)

(FOR OFFICIAL USED ONLY)

M. CODE NO		C. CODE NO		
Roll No.	Year	Division	Board	
1. Academic Session:	2. Duration	n:to		
3. Class:	4. Roll No.:	5. Years:		
6. Rate of Maintenance All	owance: Hosteller/Day Scholar ₹	Mon	ths = ₹	

REJECTED/ACCEPTED

Reason (s) for rejection: (1) Incomplete entries (2) wrong entries (3) High income (4) Double applications (5) Absence of educational/income/OBC/age certificate, (6) Absence of applicant's/Head of Institution's signatures.

Signature of supervisor

Signature of Scheme Officer

Counter signature of DDO

PART-B

(To be filled in by the Head of Institution where the applicant is studying)

1.	Certified that the applicant is at present studying in Class in this School/Institution with effect			
	from (date of admission)under			
	admission number			
2.	The duration for the whole complete course is from to to			
3.	Likely date, month and year of the annual examination for the class in which the applicant is presently			
	studying Date			
4.	This Institution is affiliated toUniversity/Broad and is recognized by the			
	Government of India/ Sate Government of			
5.	Name of the Bank & Branch where payment is desired			
6.	The undisbursed amount lying with the institution on account of scholarship, fees etc. will be refunded to the			
	Government account of the awarding authority.			
7.	Further certified that the statements made by the applicant in this application form are correct to the best of			
	my knowledge and I recommended the applicant for award of Pre-Matric Scholarship for the academic			
	session 2016-17.			
8.	Particulars of all non-refundable compulsory fees paid by the applicant are as follows :			
	(i) Tuition Fee ₹			
	(iii) Game Fee ₹			
	(v) Medical Fee ₹			
	Total ₹) only.			

Date:	(Signature of the Head of Institution with seal)
Place:	Name in block letter:
(Seal of the Institution)	Full postal address of the Institution
	Telephone No

Note: (1) Stamped signature will not be accepted, (2) Full name in block letters of the Head of Institution is compulsory, (3) Official seal of the Head of Institution and round seal of the Institution are compulsory, (4) The application form will be rejected if declaration is found incomplete or filled in by the applicant or if there are signs of over-writing/erasure.

INSTRUCTION FOR FILLING IN THE APPLICATION FORM

- 1. This instruction is for students intending for availing Pre-Matric Scholarship for students belonging to OBCs.
- 2. Applicant is warned that if he/she gives false statements/declaration/documents etc. or otherwise obtained scholarship through fraudulent means, he/she will be blacklisted and debarred from scholarship forever under this or any other Scholarship schemes. The scholarship amount if already paid will also be recovered.
- 3. Enclose (a) self-attested photo copies of certificate/marks sheets/admit cards of examination passed as at 10 of Part A, (b) income certificate of father/mother/guardian/husband in original issued by the competent authorities/executives magistrate, (c) self-attested photo copy of the OBC certificate of the competent authorities/magistrates, (d) self-attested photo copy of aadhaar card.
- 4. Incomplete entries, wrong entries, high income, double applications, non-furnishing of the required certificate and documents and absence of applicant's /Head of Institution's signature will be rejected.
- 5. Direct individual submission of the application form will not be accepted in respect of students studying inside the state.
- 6. PAYMENT OF SCHOLARSHIP WILL BE MADE ELECTRONICALLY INTO THE RESPECTIVE BANK ACCOUNT OF THE APPLICANT. SO EACH APPLICANT IS REQUIRED TO SUBMIT A BANK ACCOUNT SEEDED WITH AADHAAR NUMBER IN HIS/HER OWN NAME.
- 7. The decision of the Awarding Authority is final.

AUTHORIZATION LETTER

l,	would like to receive the sums disbursed by the
(Department)	in my bank account electronically as

per details given below.

1.	Name of the payee as in bank account	
2.	Father's Name	
3.	Address	
4.	Telephone Number with STD Code	
5.	Fax No.	
6.	Email (if any)	
7.	Name of the Bank	
8.	Name of Branch (full postal address)	
9.	Bank Account Number seeded with Aadhaar number.	
10	Aadhaar Number	
11.	Account Type	
12.	Mode of Electronic Transfer available in Bank Branch (RTGS/NEFT/ECS/CBS)	
13.	IFS Code	
14.	MICR Code	

Account numbers verified by me

Signature

(Bank Branch maintaining the account)

Name of the student: Name of the Institute: Class: Roll No. Selected for the year:

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

(From of Acquittance for amount to be received by electronic transfer)

(Rupees	only)	
	, on account of the above amou	nt
	(Office/Department)	
	dated	
Sigr	nature:	
Na	me of the Institute:	
Cla	iss:	
Ro	ll No.	
Sel	lected for the year:	
	Sig Na Cla Ro	, on account of the above amoun, on account of the above amoun (Office/Department)