To

2016-2017

The Director,

### **CLASS - IX**

# PRE-MATRIC SCHOLARSHIP APPLICATION FORM FOR SCHEDULED TRIBE STUDENTS

(Sponsored by the Ministry of Tribal Affairs, Govt. of India)

#### PART - A

Department of Tribal Affairs, Hills & Scheduled Caste Development

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

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

Signature of Scheme Officer

	Gove	rnment of i	vianipur, impi	nai – 79500	01
Sir,					
,		h to offer m	yself as an ap	plicant for	award of Pre-Matric Scholarship to ST students for the academic session
	2016-2017	7 and my par	rticulars are g	given below	N:
1.		-	OCK LETTERS		
			-		.// (dd/mm/yyyy) (c) Name of Tribe
					ationality :
					e/Town:Sub-Div:
	Distri	ct :		. Pin Code	, Manipur. (h) Aadhaar No.
_	/ \				(As per Direction from the Govt. of India, Aadhaar No. is mandatory)
2.					(d) Occupation:
					(d) Occupation:(f) Phone (Mobile No.
	(e) Totai	Annual inco	me (b + u) n	.S	(f) Phone/Mobile No
3.	(a) Class	s : IX. Secti	on:		Roll No. : House (if any). :
	1 1				(c) School enrolment No. & year
		_			(6) 60 60 60 60 60 60 60 60 60 60 60 60 60
	` '				
					District
	′.		·····		
		Code:		٥	State :
	(e) Stud	lent's Bank A	√c No.	$\perp \perp \perp \perp$	Name of the Bank:
	Nam	e of the Bra	nch ·		
		· ·	cholar :		
	(k) IT Ho	osteller, spec	city (ı) Name	of Hostei :	: (ii) Room No
		5. Deta	ils of Class –	VIII examir	nation passed : (Self attested Mark Sheet should be attached)
	Roll No.	Marks Scored	Total Marks	Year	Name of the School with full address
Ì		-			
				250	
				DECL	ARATION OF THE APPLICANT
inco in t	true. (2) I orrect or m the award	have not appoints have not appointed	plied/received d, I undertake t p, I further giv	any scholar to refund in j ve my conse	Int has been <u>filled-up in my own handwriting</u> and certify that they are accurate rship/stipend from any other source. (3) If any statement made by me is found full the scholarship amount drawn by me. (4) In any event of any dispute arising ent to abide by the instructions for filling up of this Application Form and the
dec	ision of the	: awarding au	ithority will be	final and bi	inding upon me.
Dat	te:				
	ce:				Full signature of the applicant
				FOR USE O	OF THE AWARDING AUTHORITY ONLY
Cod	le No.				
(1)	Academic	Session:		(2) Class	s/Course:(3)
			to		
(5)	Rate of M	aintenance A	llowance: (i)	Hosteller/D	Day Scholar = Rs x months = Rs
-	ACCEPT	ED REJEC	CTED (ii)	Non-refund	dable Fees = Rs
	ACCEFI	ED KISK		) Total [(i) +	(ii)] = Rs
Rea	son(s) for	rejection: (1	ـ) Incomplete ۶	ntries (2) wء	vrong 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

#### PART - B

To be printed on the back side of PART - A

#### (To be filled in by the school authority only)

1.		•	is school with effect from and	, ,
	Class IX Section Roll N	lo for the acade	mic session of 20 20 under admission No	D
2.	The school is affiliated to Bo	oard of		
	(A copy of affiliation or	der/letter is to be submit	ted.)	
3.	If it is a Govt. Institution, sp	ecify name of the State :		
4.	If it is not a Govt. Institution	n, specify Recognition No	o under Govt. of	
		order/letter is to be subm		
	( , , , , , ,	•	,	
	Date :			
	Place :		Signature of the school authority	
		Name in BLOCK LETTER	)	
		Designation with Seal	:	
		Fax no.	:	
		E-mail Address	:	
		Website Address	:	
		Telephone No(s).	: (STD Code)	
	(School Round Seal)	Full Postal Address of t	he 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**.

#### **INSTRUCTIONS FOR FILLING UP OF THIS APPLICATION FORM**

- 1. This form is only for Class IX applicant only.
- 2. TO BE ENCLOSED/ATTACHED WITH THIS APPLICATION FORM:
  - (a) Self attested copy of Mark Sheet as at Sl. No. 5.
  - (b) *Income Certificate* of father/mother/guardian ending 31<sup>st</sup> March of the current year in original issued by the competent authorities i.e. employer (if employed)/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) A self-attested copy of Scheduled Tribe Certificate of the applicant issued by the competent authorities/executive magistrates.
  - (d) *Certificate* in support of claim as *Hosteller*, issued by the warden of the hostel as at Sl. No. 3 (k) of Part A. (The certificate must be countersigned by the head of the institution if not run by the institution).
  - (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.
- 3. Direct individual submission of this application form will not be accepted in case of students studying inside the State.
- 4. <u>The last date of receipt of the Application Form in this office is 30<sup>th</sup> November, 2016</u>. After the last date of submission of form, no form shall be accepted.
- 5. It will be the responsibility of the concerned institution for not awarding scholarship if forwarded this Form after the prescribed last date of submission.
- 6. 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 or joint account and should compulsorily furnish his/her bank account details neat & clearly in the Annexures I and II attached herewith this form.
- 7. The decision of the awarding authority is final.

## **AUTHORIZATION LETTER**

Divis clear respo	ursed by the Department of Tribal Affairs, Hills & Sion), Manipur in my Bank account electronically at The Department of Tribal Affairs, Hills & Schonsible if the Scholarship amount is transferred ear filling of the Bank Account details).  Name of the payee as in bank account (in BLOCK LETTERS)	s per deta eduled Ca	ils gi <i>aste 1</i>	Caste iven Deve	e De bel elop	eve .ow ome	lop: : ( <i>T</i> nt,	mer To b Ma	it, (T e fill nipu	ed-ii r wi	al A n ne Ill n	ffai at ot l	rs & be
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		1 1		1	1		1 1					
10.	Mode of electronic transfer available in bank												
11.	branch (RTGS / NEFT / ECS / CBS)  IFSC Code												
12.	MICR Code												
( <u>NO</u> ]	<u>FE</u> : Payment of Scholarship amount will be subj	ected to	seedi	ng o	of A	adl	ıaa	r nı	ımb	er ir	ı the	2	
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Acco (Bank	ACQUITTANCE/PRE-STAN PRE-RECEIPT / ADV  (Form of Acquaintance for amount to be received a sum of Rs. /- (Rupees	Name of Class Roll No Institute Address  MPED R ANCE F received the continuous statement of continuous statement sta	ECE RECI hroug	Stud Stud EIP7 EIP eth el	Γ (F T ectr	PSI roni 	re: : : : : : : : : : : : : : : : : : :	ans:	fer ) Sch	<u>NEX</u>	URI ed C	E –	
Acco (Bank) on ac Deve	Account of the students).  Sount number has been verified by me  k branch maintaining the Account)  Seal  ACQUITTANCE/PRE-STAN PRE-RECEIPT / ADV  ( Form of Acquaintance for amount to be a second of the above amount sanctioned by the Depa elopment, Manipur vide letter No.	Name of Class Roll No Institute Address  MPED R ANCE Freceived the continuous of the	ECE RECI hroug	Stud Stud Stud Stud Stud Stud Stud Stud	Γ (F T ectr	PSI roni  rs, l	re:: :: :: :: :: :: :: :: :: :: :: :: ::	ans: s & & d	fer ) Sch	NEX	URI ed C	E –	

with seal