

**APPLICATION FORM FOR  
ANJALI SCHOLARSHIP FOR HIGHER STUDIES  
2016 - 2017**

***The last for receipt of application is  
October 15, 2016 by 5 pm***

**IMPORTANT DATES**

**Notification on website**

**[www.swabhiman.org](http://www.swabhiman.org); [www.childrenfestival.org](http://www.childrenfestival.org)**

Commencement of application form	September 10, 2016
Last date of receipt of application form	October 15, 2016
Provisional merit list calling for personal interview	To be notified
Provisional merit list of selected scholars	October 31, 2016
Orientation programme	To be notified
Dates are tentative, if any changes will be published in the website.	

**Please send the completed forms to**

Anjali Scholarship Cell,  
SWABHIMAN

A/98, Budhanagar, Bhubaneswar - 751 006. Odisha, India.

Tel.: 0674 - 2313313 / 09238106667

Email: swabhiman.bhubaneswar@gmail.com

**Read the instructions carefully before filling the application form.**

**Please read the following instructions before filling the application form.**

Application can be applied by

**CATEGORY A**

Candidates with **60% and above** disability (Fill PART I & III)

**CATEGORY B**

Children of persons with disability. (Fill PART II & III)

Scholarship will be availed by those who are continuing their studies. Scholarship will continued for those who produce a valid continuation certificate every month from the institution during the receipt of the same.

**Disability/ Birth/ Resident/ Income** Certificates are mandatory.

Part - I of the form is to be filled **ONLY** by the candidate with disability / Part - II of the form is to be filled by **ONLY** by children of persons with disability and Part - III is to be filled by the Head of the Institution / HOD.

Address slips in Annexure I should be filled correctly.

Paste (Don't Staple) Recent Colour Passport Size Photographs in Annexure I.

Attach Annexure II - Filled up continuation certificate with the application form.

Disbursement of scholarship will be done from the month of December 2016 / January 2017.

Decision of the scholarship committee will be final and binding.

**Selection process**

Step 1 - Scrutiny of application

Step 2 - Group Discussion, Personal Interview and verification of original documents.

Step 3 - Physical verification in college premises and disability assessment as when required.

***INCOMPLETE FORMS WILL BE REJECTED***

**PART - I**  
**(To be filled by a Candidate with disability)**

**FOR CATEGORY A**

1.	Nature of Disability <b>(Attach Disability Certificate)</b>		Disability %	
2.	Name (In Block Letters)			
3.	Sex	Male / Female		
4.	Father's Name			
5.	Mother's Name			
6.	Permanent Address  <b>(Attach Resident/Nativity Certificate)</b>	C/O		
		At		
		PO		
		Via		
		PS		
		Dist		
		Pin		
		State		
7.	Are you a resident of Odisha? District to which you belong	Yes / No .....		
8.	Community <b>(Attach Caste Certificate)</b>	SC / ST / SEBC / OBC / General		
9.	Date of Birth (In Christian Era)		/	
10.	Total Annual Income of both Parents/Guardian <b>(Attach Income Certificate)</b>			
11.	Please state if you are earning If Yes, Please indicate (i) The source (ii) The monthly amount	Yes/No ..... .....		
12.	Particulars of examinations passed  <b>(Attach photocopy of all the mark sheets and certificates)</b>	<b>Class</b>	<b>Board</b>	<b>Year of Passing</b>
		10 <sup>th</sup>		
		+2		
		+3		
13.	Have you ever received Anjali scholarship? <b>If Yes</b> , Please indicate (i) Period for which the scholarship was paid	Yes/No		

<p>14.</p>	<p>Requirements/Needs for which scholarship is applied</p> <p><i>(Whether you require financial assistance or material support?)</i></p> <p>If <i>financial assistance</i>, please mention in details the amount required and purpose.</p> <p style="text-align: center;"><b>OR</b></p> <p>If <i>material support</i>, please mention the material required. (Eg: Book Scanner, Voice recorder, Subject Book, Music Instruments, etc)</p>	
<p>15.</p>	<p>Extra Curricular Activities (if any)</p> <p><i>(Attach photocopy of all the certificates)</i></p>	
<p>16.</p>	<p>Academic Details</p> <p>(i) Class/Year</p> <p>(ii) Date of admission to the course</p> <p>(iii) Approximate date of termination of the course</p>	<p>.....</p> <p>.....</p> <p>.....</p>

17.	Are you availing any scholarship?  <i>If Yes</i> , please mention the details with the period of availing	
18.	Documents Attached	(i) Disability Certificate (ii) Resident / Nativity Certificate (iii) Income Certificate (iv) Caste Certificate (if any) (v) Annexure I (vi) Student ID card issued by Institution (vii) BPL Card (viii) 10 <sup>th</sup> Marksheet and Certificate (ix) (x) (xi) (xii)

I ..... hereby declare that

1. I abide the rules and regulations of the scholarship.
2. I will accept the decision of the scholarship committee which will be final and binding.
3. If I am selected, I will not avail\* any scholarship (except **Banishree**).
4. The statements made in this application (PART - I) are true to the best of my knowledge.

**L.T.I / Signature of Candidate**

**Countersigned by Gazetted Officer / Head of the Institution / HOD**

Place:

Date:

## PART - II

## FOR CATEGORY B

(To be filled by CHILDREN of Persons with disability)

1.	Name (In Block Letters)								
2.	Sex	Male / Female							
3.	Father's Name								
4.	Father's nature of disability ( <i>Attach Disability Certificate</i> )							Disability %	
5.	Mother's Name								
6.	Mother's nature of disability ( <i>Attach Disability Certificate</i> )							Disability %	
7.	Permanent Address  ( <i>Attach Resident/Nativity Certificate</i> )	C/O							
		At							
		PO							
		Via							
		PS							
		Dist							
		Pin							
State									
8.	Are you a resident of Odisha? District to which you belong	Yes / No .....							
9.	Community ( <i>Attach Caste Certificate</i> )	SC / ST / SEBC / OBC / General							
10.	Date of Birth (In Christian Era)			/			/		
11.	Total Annual Income of both Parents/Guardian ( <i>Attach Income Certificate</i> )								
12.	Please state if you are earning If Yes, Please indicate (i) The source (ii) The monthly amount	Yes/No .....							
13.	Particulars of examinations passed  ( <i>Attach photocopy of all the mark sheets and certificates</i> )	Class	Board				Year of Passing	%	
		10 <sup>th</sup>							
		+2							
		+3							
14.	Have you ever received Anjali scholarship?  <i>If Yes</i> , Please indicate (i) Period for which the scholarship was paid	Yes/No							

<p>15.</p>	<p>Requirements/Needs for which scholarship is applied</p> <p><i>(Whether you require financial assistance or material support?)</i></p> <p>If <i>financial assistance</i>, please mention in details the amount required and purpose.</p> <p style="text-align: center;"><b>OR</b></p> <p>If <i>material support</i>, please mention the material required. (Eg: Book Scanner, Voice recorder, Subject Book, Music Instruments, etc)</p>	
<p>16.</p>	<p>Extra Curricular Activities (if any)</p> <p><i>(Attach photocopy of all the certificates)</i></p>	
<p>17.</p>	<p>Academic Details</p> <p>(i) Class/Year</p> <p>(ii) Date of admission to the course</p> <p>(iii) Approximate date of termination of the course</p>	<p>.....</p> <p>.....</p> <p>.....</p>

18.	Are you availing any scholarship?  <i>If Yes</i> , please mention the details with the period of availing	
18.	Documents Attached	(i) Disability Certificate of Parents' (ii) Resident / Nativity Certificate (iii) Income Certificate (iv) Caste Certificate (if any) (v) Annexure I (vi) Student ID card issued by Institution (vii) BPL Card (viii) 10 <sup>th</sup> Marksheet and Certificate (ix) (x) (xi) (xii)

I ..... hereby declare that

- i. I abide the rules and regulations of the scholarship.
- ii. I will accept the decision of the scholarship committee which will be final and binding.
- iii. If I am selected, I will not avail\* any scholarship (**except GOVT**).
- iv. The statements made in this application (**PART - II**) are true to the best of my knowledge.

L.T.I / Signature of Candidate

Countersigned by Gazetted Officer / Head of the Institution / HOD

Place:

Date:



**PART - III** **FOR CATEGORY A & B**  
**(To be filled by the Head of Institution / HOD)**

1.	Is the candidate enjoying free boarding / lodging facility or any other concession <i>If Yes</i> , please indicate the equivalent amount to the concession	
2.	Is the candidate exempted from school/college tuition fees? <i>If Yes</i> , please indicate the equivalent amount to the exemption	
3.	Is the candidate residing in the hostel attached to School/College establishment? <i>If Yes</i> , please indicate the date from which residing	
4.	Is there any special provision made by the Institution for the disabled students*? <i>If Yes</i> , please mention the provision/s made	
5.	Is the candidate availing any scholarship at present? <i>If Yes</i> , please mention the details with the period of availing	
6.	Remarks	

\* Not for Part II candidates.

Certified that

- i. The information given by the candidate in **PART - III** has been checked and found correct.
- ii. The institution is affiliated to .....  
University and is recognised by Government of Odisha.
- iii. The course to which the candidate is enrolled is recognised by the University and Government.

Signature of Head of the Institution / HOD

Seal

Place:

Name:

Date:

Address:

# Annexure I Photograph

(Paste Don't Staple Recent  
Colour Passport Size  
Photograph)

**PHOTOGRAPH TO BE  
ATTESTED INFRONT BY  
HEAD OF INSTITUTION**

(Paste Don't Staple Recent  
Colour Passport Size  
Photograph)

**UNATTESTED  
PHOTOGRAPH**

(Paste Don't Staple Recent  
Colour Passport Size  
Photograph)

**UNATTESTED  
PHOTOGRAPH**

## Address Slips

Name :.....  
C/O :.....  
At :.....  
PO :.....  
Via :.....  
PS :.....  
Dist :.....  
Pin :..... Mobile :.....

Name :.....  
C/O :.....  
At :.....  
PO :.....  
Via :.....  
PS :.....  
Dist :.....  
Pin :..... Mobile :.....

Name :.....  
C/O :.....  
At :.....  
PO :.....  
Via :.....  
PS :.....  
Dist :.....  
Pin :..... Mobile :.....

Name :.....  
C/O :.....  
At :.....  
PO :.....  
Via :.....  
PS :.....  
Dist :.....  
Pin :..... Mobile :.....

# Anjali Scholarship for Higher Education 2016 - 2017

## Certificate of Continuation

Name of the Institution.....

Certified that Sri/Smt/Kum.....is a student of ..... Semester/Year/Class of ..... programme offered by this Institution. His / Her Roll no. is ..... and he / she continues to be a student of the institution as on date.

Remarks on Anjali Scholar: .....  
.....  
.....

His / Her attendance for this month is 

--	--	--

 %.

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of the Principal / HOD

Seal



Name of the Principal / HOD .....

Mobile No .....

**Anjali Scholarship Cell, SWABHIMAN,  
A/98, Budhanagar, Bhubaneswar - 751 006. Odisha, India.  
Tel.: 0674 - 2313313 / 09238106667**