PRE MATRIC SCHOLARSHIP INSTITUTION VERIFICATION FORM

2017-18

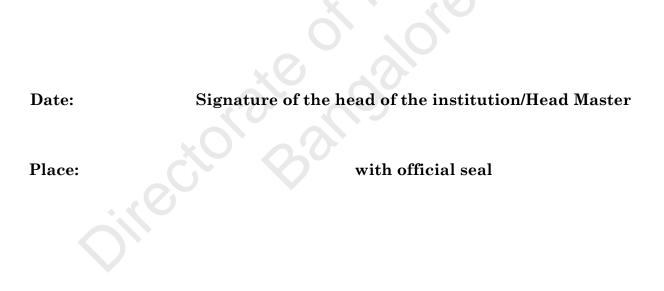
Verification/information to be furnished by the Head of institution/school.

It is certified that the information provided below by ______ who is admitted in ______ class for the academic session ______ in ______ is correct as per the records/documents verified with a copy of it maintained in institution/school, He/ She is a hosteller/day scholar of the school.

Last year marks details:

Fee details current year:

In case the information filled in these columns is not correct, then the institute / school should indicate that separately.



Note:

- (i) The verification by institution is mandatory for consideration of the application.
- (ii) Students are directed to take the print out of 'Institution Verification Form' get it verified by their institution/school, in order to apply for Pre Matric scholarship.

SELF DECLARATION OF MINORITY COMMUNITY BY STUDENT FOR PRE MATRIC SCHOLARSHIP SCHEME 2017-18

PROFORMA FOR DECLARATION OF MINORITY COMMUNITY

DECLARATION

I			Son/Daug	htor/wa	urd of			
ı,			-					
hereby	declare	that I	belong	to	the			
(Muslims/Sikhs/Christians/Buddhists/Jains and Zoroastrians (Parsis) which is a notified minority								
community as per Section 2(c) of National Commission for Minorities Act, 1992).								
_								
Date:								
Place:								
	Signature of Candidate:							
	Name of Candidate:							
				IN IN				

SELF DECLARATION OF FAMILY INCOME UNDER PRE MATRIC SCHOLARSHIP SCHEME (FOR CLASS I TO X) OF MINISTRY OF MINORITY AFFAIRS, GOVERNMENT OF INDIA (To be given by the Parent/Legal Guardian) 2017-18

I,	Son/Daughter/of					
Resident of (full address)						
do he	reby solemnly affirm and declare as under :-					
a)	That I am citizen of India.					
b)	That my son/daughter/ward namely Master/Kumari					
	is a student of class in					
	(name & address of school)					
	at (District & State).					
c)	His/Her enrollment no. in school isfor the academic					
	Session					
d)	That annual income of my family from all sources is Rs(in words					
	also)					
e)	I declare that I/my wife/ both* am/are earning Member(s) in my family.					
2.	I certify that the above information given by me is true.					
3.	In case this information furnished by me is found false, the financial assistance					
	led to my ward may be recovered with penal interest and I will be liable to a legal					
	against me in accordance with law.					
aotion						
	Signature of Parent/Legal Guardian:					
	Name of Parent/Legal Guardian:					

*Strike off the non-applicable part in the underlined clause above.