

**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.

Date:

Signature of the head of the institution/Head Master

Place:

with official seal

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/Daughter/ward of _____
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: _____

**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 hereby 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 is _____ for 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 awarded to my ward may be recovered with penal interest and I will be liable to a legal action against me in accordance with law.

Signature of Parent/Legal Guardian: _____

Name of Parent/Legal Guardian: _____

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