

**(APPLICATION FORM FOR POST MATRIC SCHOLARSHIP FOR SC/ST/MBC)**

1. Name of the application (in block letters):

.....

2. Father's name: .....

3. Occupation of Father/Guardian:

.....

4. Total annual income of parents:.....

5. Name of the Institution /Class with address: .....

.....

6. Permanent address :.....

.....

7. Present address:.....

.....

Email id:..... Contact No.....

8. Police station:.....PIN:.....

9. District: .....

10. Course/Class XI and XII for which scholarship applied: .....

(current year).....

11. Day Scholar : ..... Hosteller:....., please put( ) tick mark in the appropriate place.

12. Annual fee (enclose fee receipts):..... i Total Non refundable fee paid:.....

li Total Hostel fee paid:.....

lii Total fee paid (i+ii):.....

(Rupees :.....) only

13. Religion:.....

14. Marks scored in the last exam passed:.....

15. Bank account no. of the applicant.....

16. If handicapped, please give details:.....

17. Category:..... (SC/ST/MBC/Monastic)

18. Gender:..... (Male/Female)

Passport size Photo:

Signature of the student      Signature of parent/Guardian

Full Name .....

Date .....

Certified that the information given above are verified and found to be correct.

Signature & Seal of H.M/Principal

Date .....

Telephone No .....

Required documents:-

Attested copy of:

i) Sikkim Subject/Certificate of Identification

ii) ST/SC/MBC Certificate.

iii) Income certificate of parents (not exceeding Rs. .... Lakhs annually),

Income certificate/BPL card.

iv) Copy of mark-sheet of the last examination passed by the student.

v) A passport size photograph to be pasted on the space provided for post matric scholarship.

Note:

1 Grant of scholarship is subject to eligibility and terms and condition as laid down in the guidelines.

2 The last date of submission of the application/ renewal of the scheme is.....

3 Incomplete application form and those submitted after the last date shall not be entertained.

4 A scholarship holder under this scheme will not avail any other scholarship/ stipend for pursuing study/ course.

5 Submission of form does not guarantee the grant of scholarship.

OFFICE OF THE PROJECT DIRECTOR

WELFARE DIVISION

SOCIAL JUSTICE EMP. & WELFARE DEPARTMENT

FEE STRUCTURE (for current financial year only) Reimbursement

1 Name of the student:

.....

2 Father's Name:

.....

3 Course: .....(Year: .....)

4 Day Scholarship : ..... Hosteller:.....,please put( ) tick mark in the

appropriate place.

5 i Total Non refundable fee paid:.....

ii Total Hostel fee paid:.....

iii Total fee paid (i+ii):.....

(Rupees :..... ) only

6 Total No. of enclosures:.....

Note: Please enclose attested copies of fee receipts/ cash memo etc to support your Claim.

Signature of the student