Common Integrated Application Form for Post-Matric Scholarships

to ST/SC/OBC-SEBC Students of Odisha

Affix a Passport size photograph with his/ her signature thereon and attested by the Head of the Institution.

Fresh: / Renewal: [Put a tick (V) mark in the box for whichever is applicable] **Basic Details** Middle Name First Name Surname 1. Name in full (in Block letters) 2. Father's Name: Shri. 3. Mother's Name: Smt. 4. Gender: Male Female 5. Date of Birth: (DD/MM/YYYY) 8. Special Category: 6. Category: 7.Religion: (Blind/ Hearing Impairment/ Leprosy cured/ Mentally (SC/ST/OBC/SEBC) (Hindu / Christian/ Muslim retarded/ Severely Handicapped/ Locomotors disabled) 9. Mobile No.: 10. e-Mail Id: 11. Adhar Card (UID) No.: **Address Details** 12. Address for Correspondence: Pin Code: District: State: 13. Permanent Address: District: Pin Code: State: **Institute Details** 14. Name of the Institute: 16.District: 15. Tehsil: 17.State:

Scheme Related Details

18. Academic Year:

| Application Details | | | | |
|--|--|--|--|--|
| 19. Course Name: | | | | |
| 20. Branch Name: | | | | |
| 21. Course Year: 22. Admission Date(DD/MM/YYYY): (for the Course Year you are applying for Scholarship) | | | | |
| 23. Enrollment No.: 24. Enrollment Date: | | | | |
| 25. Percentage of Marks obtained in last Examination: | | | | |
| 10th Class Passing Details | | | | |
| 26. Board Name: | | | | |
| 27. Year of Passing (YYYY): 28. Board Roll Number: | | | | |
| Eligibility Details | | | | |
| 29. Total Annual Income (Family) in₹: | | | | |
| 30. Day Scholar/ Hosteller: 31. Hostel Admission Date: (DD/MM/YYYY) | | | | |
| 32. Caste Certificate Number: 33. Caste Certificate Date: | | | | |
| 34. Caste Certificate Issuing Authority: | | | | |
| Bank Account Details (for Electronic Transfer of Funds) | | | | |
| 35. IFSC Code of the Bank: If not available Name of the Bank: Branch Name : | | | | |
| 36. Bank Account Number : | | | | |
| Declaration I, S/o / D/o/ W/o/ C/o hereby declare that the information given in the application form is true as per my knowledge and belief. I also undertake that if, at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false, the entire amount of scholarship will be recovered from me, apart from such penal action as warranted by law. | | | | |
| Date : (Signature) | | | | |

Note: All fields are mandatory except e-mail address.

<u>Declaration by the Institute</u>
(To be filled up by the Head of the School/ College/ Institute where the applicant is studying)

| | the information filled in by | | nt admitted in | | |
|---------------------|---------------------------------------|---------------------------------------|--|--------------------------|--|
| | course for the academic S | WIIO IS | in | | |
| | ool/college/institute is correct. | ession | _ "" | | |
| 3CI | ool/ college/ institute is correct. | | | | |
| 2 Cartified that | this institute is affiliated to | | H | niversity/ Roard and is | |
| | e Government of India/ State Gove | | | iliversity/ board and is | |
| recognized by the | dovernment of malay state dove | | <u></u> • | | |
| 3. Details of the r | non-refundable compulsory course | fee(excluding ho | ostel rent and other inc | idental charges) | |
| Sl. No. | Particulars of non-refundable co | | | | |
| 1. | Tuition | , , , , , , , , , , , , , , , , , , , | у изгодине разучано остан | | |
| 2. | Examination | | | | |
| 3. | Games | | | | |
| 4. | Library | | | | |
| 5. | Medical | | | | |
| 6. | Others | | | | |
| | TOTAL | | | | |
| | | | | | |
| 4. Details of bank | account of school/college/institut | e (For deposit of | f course fee): | | |
| | | | | | |
| IFSC Code | of the Bank : | | | | |
| | | | | | |
| If not avai | lable | | | | |
| Name o | f the Bank : | | | | |
| Name o | THE Bank . | | | | |
| Branch | Name : | | | | |
| | | | | | |
| | | | | | |
| Bank Acco | ount Number: | | | | |
| | | | | | |
| | I that the student has not changed | | | _ | |
| | which the scholarship was origin | | | | |
| school/college/ li | nstitute with prior approval of the S | State Governme | nt (piease strike out wn | lich is not applicable). | |
| Date: | | | Signature of Head of | f the school/ | |
| Place: | | | Signature of Head of the school/ college/institute with official seal | | |
| ridee. | | | conege/matitute with | ii oiliciai scai | |
| | | | | | |
| Note: Documents | to be enclosed with the application | n: | | | |
| 1. Proof of nerma | anent residence | 5. Passnort si | ize photo with signature | e | |
| • | | | to copy of bank passbook | | |
| | last examination(Self Certified) | • | (for a/c no. with IFSC Code) | | |
| 4. Income Certific | • | • | 7. Attested photo copy of Mark sheet of last | | |
| | | • | examination passed. | | |