2017-2018

FRESH APPLICATION FORM

Pre-Matric Scholarship to Scheduled Caste Students

(Sponsored by the Ministry of Social Justice and Empowerment, Govt. of India)

 $(\underline{For\ Class\ IX\ and\ X\ only})$

PART – A

[Part-A is to be filled in by the applicant in his/her own handwriting]

Recent Colour Passport size Photograph with full applicant's signature thereon

То									full applicant's	
	The Dire								signature thereon	
					s Developme	ent,				
C:	Governn	nent of M	anipur, Im	ohal - 79500)1					
Sir,	مع مامانددا	offor move			accord of Day	a Matria C	به منامسمامیات		the endows in	
		-				e-Matric So	cholarship u	o SC students fo	r the academic	
	sion of 2017-2			_						
1.	(a) Full name [in BLOCK LETTERS] :									
									/:	
	District :.		Pin C	ode		adhaar No				
2	/a\	Nama .							r No. is mandatory)	
2.										
. Г										
3.	(a) Present Class:									
	(b) Board Reg. No. & Year :(c) School enrolment No. & Year(d) Name of School/Inst. :									
	(d) Name of	School/Ir Address								
	City/Town District District									
	(e) Student's Bank A/c No. Name of the Bank:									
	(c) Stadent 3 Dank Aye No.									
	Name of the Branch: ;Bank Account should be in the name of the applicant)									
	(f) Hostelle									
	(g) If Host	eller, spe	cify (h)Na	me of Host	el :		•••••	(i)	Room No	
4.	Details o	f previous	Class exa	mination pa	ssed: (<i>Self at</i>	tested Ma	ark Sheet sho	ould be attached		
Γ		Marks	Total							
		cored	Marks	Year		Nam	e of the Sch	ool with full add	ress	
<u>.</u>										
				DECLAF	RATION OF T	HE APPLIC	<u>CANT</u>			
	I declare and	certify tha	t (1) the ab	ove stateme	nt has been <u>f</u>	illed-up in r	my own hand	lwriting and certi	fy that they are accurate	
	true. (2) I hav	e not appl	ied/receive	d any scholai	rship/stipend j	from any o	ther source. ((3) If any statem	ent made by me is found	
				-	-	-	-		ent of any dispute arising	
	ision of the aw	-		-		-	ructions jor j	illing up of this F	Application Form and the	
_	-	_	,		3 - 1 -					
	e: :::::::::::::::::::::::::::::::					_	Full signat	ure of the appli	cant	
гіас	~C	•••••					run signat	are of the applic		
Coo	lo No			FOR USE	OF THE AWAR	DING AUTHO	ORITY ONLY			
	le No. Academic Se	ssion: 201	17_2010	(2) Class	;		/21	/ / / \/\/\/\	ar:	
(1) (4)							(5)	1/11/111/10/0 166		
	Period: From to									
(2)	(ii) Non-refundable Fees = Rs									
	ACCEPTED	REJEC	TED	• •	[(i) + (ii)]					

<u>Reason(s) for rejection</u>: (1) Incomplete entries (2) wrong entries (3) excess income ceiling (4) double apply (5) absence of certificate (6) absence of applicant's head of institution's signature (7) doubtful

Signature of Dealing Assistant

handwriting of the applicant (8) doubtful or old passport photograph.

Signature of Scheme Officer

PART – B

(To be filled in by the school authority only)

	e applicant is actually enrolled in the Section Roll No for the			, ,			
2. The duration for	completion of the whole class is f	rom/20	to/20				
3. The school is affil	iated to Board of						
	filiation order/letter is to be submi						
4. If it is a Govt. Ins	titution, specify name of the State	:					
5. If it is not a Govt	it is not a Govt. Institution, specify Recognition No under Govt. of						
	cognition order/letter is to be subr						
Date :							
Place :		Signa	ture of the school	authority			
	Name in BLOCK LETTE	Name in BLOCK LETTERS: (
	Designation with Seal	:					
	Fax no.	:					
	E-mail Address	:					
	Website Address	:					
	Telephone No(s).	: (STD Code)				
(School Round S	eal) Full Postal Address of	the Institution wi	th Pin Code :				

Note: (1) Stamped signature will not be accepted. (2) Official seal of the head of the institution, round seal of the institution, telephone No. and address with Pin Code No. are compulsory. (3) Full postal address should be clearly indicated for correspondence. (4) The application form will be rejected if found incomplete or filled in Part-B by the applicant. (5) **The application form will also be rejected if full address & particulars of the institution as given above are not clearly indicated**.

INSTRUCTIONS FOR FILLING UP OF THIS APPLICATION FORM

- 1. This form is only for Class IX applicant only.
- 2. <u>TO BE ENCLOSED/ATTACHED WITH THIS APPLICATION FORM:</u>
 - (a) Self attested copy of Mark Sheet as at Sl. No. 5.
 - (b) *Income Certificate* of father/mother/guardian ending 31st March of the current year in original issued by the competent authorities i.e. employer (if employed)/executive magistrates. The present income ceiling for entitlement of the scheme as prescribed by the sponsoring Ministry is Rs. 2,00,000/- per annum.
 - (c) Scheduled Caste Certificate of the applicant issued by the competent authorities/ executive magistrates (original copy).
 - (d) *Certificate* in support of claim as *Hosteller*, issued by the warden of the hostel as at Sl. No. 3 (k) of Part A (The certificate must be countersigned by the head of the institution if not run by the institution).
 - (f) Self attested copy of Aadhaar Card.
 - (g) A copy of the first page portion of the Bank Passbook/Bank Statement wherein account number, IFSC code, etc. are visible should also be attached in the application form.
 - N.B.: (i) Enclosed documents will not be returned.
 - (ii) The awarding authority may demand original documents for verification if required.
 - (iii) The Directorate will not be responsible for any loss of application form or documents.
- 3. Direct individual submission of this application form will not be accepted in case of students studying inside the State.
- 4. <u>The last date of receipt of the Application Form in this office is 30th November, 2017</u>. After the last date of submission of form, no form shall be accepted.
- 5. It will be the responsibility of the concerned institution for not awarding scholarship if forwarded this Form after the prescribed last date of submission.
- 6. Payment will be made electronically by transferring into the respective bank account of the applicant, so each applicant is required to open a bank account in his/her own name or joint account and should compulsorily furnish his/her bank account details neat & clearly in the Annexures I attached herewith with this form.
- 7. The decision of the awarding authority is final.

AUTHORIZATION LETTER

I	wou	ld like to receive t
scholarships disbursed by the Departmen	nt of Other Backward Classes & Scheduled	
	ally as per details given below: (To be fill	
	es & Scheduled Castes Development, M	
responsible if the Scholarship amount is t filling of the Bank Account details).	transferred to someone else's account due to) incorrect or uncle
juing of the Built Recount details).		
Name of the payee as in bank according	unt	
(in BLOCK LETTERS)		
*		
2. Address		
3. Mobile Number.		
4. Fax No. (if any)		
5. E-mail Address (if any)		
6. Name of the Bank		
7. Name of Branch (full address)		
8. Bank Account No.		
9. Account Type		
Mode of electronic transfer availab	ble in bank	
branch (RTGS / NEFT / ECS / CB	(S)	
11. IFSC Code		
12. MICR Code		
13. Seeding of Bank Account with Aad	dhaar (Y/N)	
Bank Account of the students). Account number has been verified by me	Signature :	
Account number has been verified by the	Signature.	
(Bank branch maintaining the Account)	Name of the Student :	
Cool.	Class : Roll No :	
Seal	Institute :	
	Address :	
		ANNEXURE – II
		IN TEXTORE - II
	/PRE-STAMPED RECEIPT (PSR)/	
· · · · · · · · · · · · · · · · · · ·	EIPT / ADVANCE RECEIPT	C
(Form of Acquaintance for a	amount to be received through electronic tran	ster)
Received a sum of Rs.	/- (Rupees	
·	m DDO/OBC&SC on account of the above a sees & Scheduled Caste Development, Manig	
da	ated	
Place :	Signature :	Revenue stamp
Date :	Name of the Student:	
	Institute:	
	Class :	
lentified by the Head of the Institution	Roll No:	

with seal