GOVTERNMENT OF NCT OF DELHI DEPTT. FOR THE WELFARE OF SC/ST/OBC/MINORITIES

B-BLOCK, 2ND FLOOR, VIKAS BHAWAN, I.P. ESTATE, NEW DELHI-110002 Website. www.scstwelfare.delhigovt.nic.in

APPLICATION FORM

FOR MERIT SCHOLARSHIP TO SC/ST/OBC/MIN.STUDENTS OF **COLLEGE/PROFESSIONAL INSTITUTIONS (2015-16)**

Closing Date: - 20/09/2015

Affix recent passport size photo of student duly signed by him/her

	For Office use only									
OK	PENDING	 (a) Residence Proof (b) Income Declaration (for OBC/MIN) (c) Caste Certificate/Minority Affidavit (d) Mark sheet of previous class passed (e) Bank Details of Student (AC/No & MICR Code) (f) College Declaration (g) Gap year affidavit (Max. 3 Years) (h) Hosteller Certificate 								
Percentage of	Marks									
Total Amount	t Admissible									

For Students use only

- 1 One Self attested copy of the mark sheet(more than 60%) in respect of the Sr. Sec./Previous class passed.
- In case of computer generated mark sheet, it should be verified by Collage authorities. 2
 - Percentage of marks should be calculated and clearly indicated in the application form.
- 3 In case of SC/ST/OBC, Self attested copy of Caste Certificate of student or father issued by the SDM/Deputy Commissioner of Govt. of NCT of Delhi.
- In case of minority students, declaration of minority status of the student by the parent in the form of an affidavit (in a non-judicial 4 stamp paper of value Rs. 10/-). In case of minority students, three years residence proof in Delhi i.e. Attested copy of Ration Card/Epic/Adhar No./Land Line telephone Bill of MTNL/Driving License issued by GNCTD and Domicile Certificate issued by SDM Delhi/Pass Book of Nationalize Bank is also required.
- 5 Self declaration of family income in the prescribed format is required (in case OBC/Minority students only).
- 6 **7** Original Hosteller Certificate from Competent Authority, if hosteller.
- Details of Student's Bank account with MICR no. duly verified by concerned bank authority & Copy of pass Book.
- 8 Self declaration by the student that he/she is applying for this scholarship only.
- Gap up to Three years- Affidavit to be submitted by students.

Name of the College/Ins	titute:										<u>ORM</u>					
(in Block Letters)	Name of student															
Name of Father/Guardia	Name of Father/Guardian:															
Residential Address										 	 					
										 	 Pin C	ode:				
Mobile/Phone No.:]							
Class in which he/she st	tudying:									 	 					
Yearly Family Income (for OBC/Min. only):																
Percentage of last examination passed:																
Hosteller/Day Scholar										 	 					
Category (SC/ST/OBC/	Min)									 						

Certified that the information given above is true to the best of my knowledge & belief. If at any stage, it is found that the information given by me is false, the Scholarship granted to me could be withdrawn and legal action as deemed fit, may be taken against me.

Date:	
Place:	Signature of the student

The concerned Heads of College/Institute are requested to forward the consolidated statement and applications to this Department addressed to Dy. Director (Scholarship) immediately or latest by 20/09/2015.

1. Name	& complete Addr	ess of the Schoo	ol/College/Institution		
2. Teleph	none No				
3. E-mail	address (If any)				
4. Particu	ulars of the Stude	nts:			
		of Student	Mother's Name	Presently studying	(SC/ST/OBC/Min
1	2	3	4	5	6
	marks in previous	Amount of	Family Income (for OBC/Minorities only	Hostellers/	Remarks,
7		8	9	10	11

I hereby declare that the particular given are correct and complete:

- 1. Certified that the above particulars have been checked with the office record and found correct.
- 2. Certified that no eligible students studying in the College/Institute is left out for grant of scholarship and this list may be treated as final.
- Certified that these students belonging to SC/ST/OBC/Min. Communities have not been recommended for grant of scholarship from any other sources.
- 4. Certified that the SC/ST/OBC certificates in respect of all the students have been issued by the competent authority/Dy. Commissioner, Delhi. Three years Residence Proof of Delhi i.e. Ration Card/Epic(in case of Minority Students).
- 5. Certified that the scholarship or the stipend holders named above have been regular in attendance and have conformed to the rules under which their scholarship or their stipends are granted.
- 6. Certified that the scholarship or stipend drawn on the last bill with the exception of those refunded by deduction (copy of the receipt is enclosed) have been paid to the right persons and their receipt taken in acquaintance forms have been forwarded to Deputy Director (Scholarship).
- 7. Certified that the scholarship for the year 2015-16 has been disbursed in the presence of authorized person.
- Certified that all the requisite information/documents such as application from /Mark Sheet, self declaration of family income, caste certificate etc. are enclosed.
- 10. Certified that all eligible students have been informed about the scheme and the scheme has been displayed on the prominent notice board in the college.
- 11. Certified that Bank Account details of College & Students in requisite proforma is attached.

^{*}Applicant and form attesting authority/College authority, who gives false and fabricate document/information will be prosecuted.

Self Declaration Format

The	fol	lowing	inf	ormat	ion is	s to	be	provid	ded	by	the	claima	ant a	it the	time	of	filing	of :	forms:	_
								F		,										

- 1. No. of family members:- Adult : Minor : Total : -
- 2. House owned if yes Area of House & Property Tax: If rented Rent of the House (per month): -
- 3. Electricity bill amount (per month): -
- 4. Gas/Kerosene Expenses (per month): -
- 5. No. of earning members & their total earning (per Month): -
- 6. No. of studying members of family & their expense (per month): -
- 7. Vehicles used by the family (Car/Scooter/Motor Cycle/ Bus) (per month): -
- 8. Kitchen expenses (per month): -
- 9. Telephone use (Mobile or Landline) Monthly Bill (per month): -
- 10. Total Annual Income: -

Name & Signature of the Parent

ELECTRONIC CLEARING SERVICE

(CREDIT CLEARING)

Student Bank Account Form (To be filled and attested by Bank/Branch)

1. Name of Acco	ne as in School Records)
2. Account No.	
(Account No	for ECS Purpose)
3. Type of Acco	unt: Saving Current
4. Name of Bank	k:
5. Branch Name	e & Address:
6. Branch Conta	act No.:
7. MICR No.:	
8. IFSC Code:	
emarks, if any	

(Bank Seal)

(Signature of Bank Authority)

Kindly Enclosed Photocopy of First page of Passbook with MICR number