

Last date of submission
2015-16
31st October, 2015

CLASS - IX

Paper size - Legal

PRE - MATRIC SCHOLARSHIP APPLICATION FORM FOR CLASS - IX

For Scheduled Tribe students

(Sponsored by the Ministry of Tribal Affairs, Govt. of India)

PART - A

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

Recent
Passport size
Photograph
with applicant's
signature thereon

To
The Director,
Tribal Affairs & Hills(Tribal Affairs Division),
Government of Manipur, Imphal - 795 001.

Sir,

I wish to offer myself as an applicant for award of Pre Matric Scholarship to ST students for the academic session of 20- 20.... and my particulars are given below :-

1. (a) Full name [in BLOCK LETTERS] :
- (b) Date of birth (as per registration) :/...../..... (c) Name of Tribe :
- (d) Religion : (e) Nationality :
- (g) Full permanent address :village/town,Sub-Div.,
.....District, Manipur. (h) Adhar Card No. :
2. (a) Father's name :
- (b) Occupation :
- (c) Mother's name :
- (d) Occupation :
- (e) Total Annual Income [b + d] Rs..... (f) Contact No.(M/Phone).....

3. (a) **Class - IX** Section : _____ Roll No. : _____ House (if any) : _____
- (b) Board Regd.No. & year :School enrolment No.& year.....
- (c) Name of school :
with full postal address :
City/Town:District.....
Pin Code No. STATE.....
- (d) Student's Bank A/c No.Name of Bank :
Name of Bank Branch :
- (e) Hosteller / Day Scholar :
- (f) If Hosteller, specify Name of Hostel :
Room No. :

4. Details of Class -VIII examination passed : (Attested Marks Sheet should be attached)

Roll No.	Division	Year	Name of School with full address

DECLARATION OF THE APPLICANT

I declare and certify that (1) the above statement has been filled-up in my own handwriting and certify that they are accurate and true (2) I have not applied/received any scholarship/stipend from any other source (4) if any statement made by me is found wrong or misrepresented, I undertake to refund in full the scholarship amount drawn by me (5) in the event of any dispute arising in the award of scholarship, I further give my consent to abide by the instructions for filling up of this application Form and the decision of the awarding authority which will be final and binding upon me.

Dated :

Place :

Full signature of the applicant

FOR USE OF THE AWARDING AUTHORITY ONLY

Code No.

Period : from _____ to _____

Rate of Maintenance Allowance :

- ACCEPTED** (i) Hosteller / Day Scholar = Rs. _____ x _____ months = Rs. _____
 (ii) Books and Ad-hoc grant..... = Rs. _____
 REJECTED (iii) TOTAL [(i) + (ii)]..... = Rs. _____

Reason(s) for rejection: (1)Incomplete entries (2) excess income ceiling (3) double apply
(4) absence ofcertificate (5) absence of applicant's or head of institution's signature
(6) doubtful handwriting of the applicant (7) doubtful or old passport photograph

Signature of D.A.

Signature of Scheme Officer

PART - B

To be printed on the back side of PART - A

(To be filled in by the school authority only)

1. Certified that the applicant is actually enrolled in this school/ with effect from..... and studying in **Class IX** Section _____ Roll No. _____ for the academic session of 20..... -20..... under admission No. _____
3. This school is affiliated to Board of
[An attested photostat copy of affiliation order/letter to be submitted] *
4. If it is a Govt. institution, specify name of the State :
5. If it is not a Govt.institution, specify Recognition No.under Govt.of.....
[An attested photostat copy of recognition order/letter to be submitted] *
* One copy will be enough for the entire applicants of the same school.
6. If the applicant is disabled, specify nature of disability along with Certificate issued by the competent authority/Medical Officer.

Date :

Signature of the school authority

Place :

Name in BLOCK LETTERS ()

Designation with Seal :

Fax No. :

E-mail address :

Website address :

(School Seal)

Telephone No(s). (STD Code No. _____) _____

Full Postal address of the :

institution with Pin Code No.

Note : (1) Stamped signature will not be accepted (2) Official seal of the head of institution, round seal of the institution, Telephone No. and address 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 is liable to 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 application form is meant for **Class IX ST** applicant only.
- 2) **TO BE ENCLOSED/ATTACHED WITH THIS APPLICATION FORM :-**
 - (a) An attested Photostat copie of Marks Sheet of Class-VIII as at Sl.No.4 of Part-A
 - (b) Income Certificate of parents/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) Tribe Certificate of the applicant issued by the competent authorities/executive magistrates (attested Photostat copy)
 - (d) Certificate in support of claim as Hosteller, issued by the warden of the hostel as at Sl.No.3 (f) of Part-A
 - (e) An attested copy of disability Certificate issued by the competent authority/Medical Officer, for disabled applicant.
 - (f) Photostat copy of Aadhar Card.

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.

⇒ **(iv) Attester of documents required to indicate his/her Aadhar Card No.**
(The applicant is advised to attached all the required documents in proper orders & securely)
- 3) Direct individual submission of this application form will not be accepted in case of students studying inside the State
- ⇒ 4) This application should reach Directorate of Tribal Affairs & Hills, Manipur, Imphal on or before **31st October, 2015.**
After the last date of submission, 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) **AS PER THE INSTRUCTION OF THE GOVT., ANY KIND OF PAYMENT WILL BE MADE ELECTRONICALLY BY TRANSFERRING INTO THE RESPECTIVE BANK ACCOUNT OF THE APPLICANTS AND SHOULD FURNISH BANK ACCOUNT DETAILS GIVEN IN THE ANNEXURES - I AND II (framed by the Govt.) ATTACHED HEREWITH THIS FORM.**
- 7) The decision of the awarding authority is final.

< kima renthlei > < 05.08.15 >

AUTHORIZATION LETTER

I, _____ would like to receive the sums disbursed by the Tribal Affairs & Hills Department (Tribal Affairs Division), Manipur in my bank account electronically as per details given below :-

(To be filled in neat and clear. The awarding authority will not be responsible if the Scholarship amount is transfer to someone else Bank account due to wrong or unclear filled in of Bank Account details).

1.	Name of the payee as recorded in bank account	
2.	Aadhar Card number (enclosed copy)	
3.	Address	
4.	Telephone Number with STD Code	
5.	Fax No.	
6.	E-mail Address (if any)	
7.	Name of the Bank	
8.	Name of Branch (full address)	
9.	Bank Account No.	
10.	Account Type	
11.	Mode of electronic transfer available in bank branch (RTGS / NEFT / ECS / CBS)	
12.	IFSC Code	
13.	MICR Code	

NB (Note well) :- *Enclose a photostat copy of first page portion of Bank Passbook wherein account holder's Name, Account Number, IFSC Code etc. are printed.*

Account number has been verified by me

(Bank branch maintaining the Account)

Seal

Signature of the student :

Name (in BLOCK LETTERS) :

Class with Roll No. & Sec. :

Name of the institutions with full address :

**ACQUITTANCE / PRE-STAMPED RECEIPT (PSR) /
PRE-RECEIPT / ADVANCE RECEIPT**

(Form of Acquittance for amount to be received through electronic transfer)

Received a sum of Rs. _____ (Rupees.....) only
.....) only
electronically from (DDO)..... on
account of the above amount sanctioned by the Tribal Affairs & Hills Department, Manipur (Office / Department
) vide letter No..... dated

Place :

Date :

Signature :

Name ()

Class with R.No. & Sec. :

Name of institution :
with full address