

DIRECTORATE OF HIGHER & TECHNICAL EDUCATION
GOVT. OF ARUNACHAL PRADESH
ITANAGAR

APPLICATION FORM

FOR GRANT OF STIPEND TO ARUNACHAL PRADESH SCHEDULED TRIBE STUDENT FOR THE ACADEMIC SESSION 2015-16

Paste your recent
Passport size
coloured
Photograph here
(Do not use stapler)
To be attested by Head
of Institution

PART-I

1. Name of Student : _____
(in block letters)
2. Fathers Name : _____
3. Mothers Name : _____
4. Tribe : _____
5. Address for Communication : _____

Contact No _____ email _____
6. Permanent Address : _____

Contact No _____ email _____
7. **SBI Savings Bank Account** : **Name of Account Holder** _____
Details of Student **Account No.** _____
8. (a) Name of Course undertaking: _____
(b) Pass/Honours (if applicable) : _____
9. Year/Semester studying in : _____
10. Roll Number/Enrolment No. : _____
11. Name & Complete Postal : _____
Address of Institution : _____

12. **Date of Admission in the current Academic session** : _____
13. (a) Name of last examination passed: _____
(b) Percentage of marks obtained: _____
14. The following enclosures duly attested must be accompanied with this form.
 - a. APST Certificate
 - b. Mark sheet of the last examination passed
 - c. Identity Card / Admission Receipt of student for current academic session.
 - d. **Photo copy of first page of Bank Passbook containing details of account holder.**

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Signature of Candidate

CERTIFICATE TO BE COMPLETED BY THE HEAD OF INSTITUTION WHERE THE STUDENT IS STUDYING

1. Do you recommend the award of Stipend : _____
2. Duration of course : _____
3. Period of Academic Session : _____
4. Date of joining of the Student in the Institution : _____
5. State whether any disciplinary action is taken against the applicant : _____
6. Institution affiliated to : _____
(Specify the affiliated University/Board of council etc)
7. The minimum qualification required for admission to this course. : _____

Round Seal of Institution

Name of Head of Institution _____
Designation _____
Signature _____
Date _____

PART- II

FORM OF UNDERTAKING TO BE SUBMITTED BY THE STUDENTS FOR AWARD OF STIPEND

I Mr./Ms. _____ a student of _____ (Course Name) _____ (Semester/Year) (Pass/Hons) bearing Roll No. _____ of college _____ during the session _____, do hereby solemnly declare that I will strictly adhere to the Rules & Regulations for grant of Stipend and undertake that:

1. I shall secure 75% attendance in all subjects.
2. I am not in receipt of any stipend and scholarship from any other sources.
3. I am not on Pay roll of any establishment on account of my employment.
4. I have duly passed the last Board/ University Examination
5. I shall abide by all the Rules and Regulation and maintain discipline in the Institution.

In case of non-fulfillment of the above condition and violation of stipend rules, my claim for stipend shall be rejected by the authority.

Further, I shall inform the Principal of the college immediately if I get any employment with monetary benefit.

Roll No. _____
Name of Student _____
Date _____

N. B

1. Duly filled up application form certified and authenticated by Head of Intuition should be submitted to the Directorate of Higher & Technical Education, Itanagar by the Head of Institution **on or before 30th Oct' 2015.**
2. No application shall be received thereafter.
3. Incomplete application form shall be summarily rejected. Therefore, candidates should take proper care while filling up of the application form.
4. Statement of payment of stipend must be submitted to the Directorate for office record and audit purpose by the **disbursing authority of the Institution.**
5. Application form can be downloaded from the department website : <http://www.apdhte.nic.in>
6. Stipend is granted to the students who are studying on regular basis in recognized Institutions only. Students pursuing courses in Distance Education Programme are not eligible for award of stipend.