

No.

CLASS - IX

PRE-MATRIC SCHOLARSHIP APPLICATION FORM FOR SCHEDULED CASTE STUDENTS

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

PART - A

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

2015-2016

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

To

The Director, Department of Tribal Affairs, Hills & Scheduled Castes Development Government of Manipur, Imphal - 795001

Sir,

I wish to offer myself as an applicant for award of Pre-Matric Scholarship to SC students for the academic session of 2015-2016 and my particulars are given below :

- 1. (a) Full name [in BLOCK LETTERS] : (b) Date of Birth (as per registration) : (c) Name of Caste (d) Religion : (e) Nationality : (g) Full Permanent Address : Village/Town : Sub-Div: District : Pin Code , Manipur. (h) Aadhaar No. 2. (a) Father's Name : (b) Occupation: (c) Mother's Name : (d) Occupation: (e) Total Annual Income (b + d) Rs. (f) Phone/Mobile No.

- 3. (a) Class : IX. Section: Roll No. : House (if any) : (b) Board Redg. No. & Year : (c) School enrolment No. & year (d) Name of School : Postal Address : City/Town: District: Pin Code: State : (e) Student's Bank A/c No. Name of the Bank: Name of the Branch : (Bank Account should be in the name of the applicant) (j) Hosteller/Day Scholar : (k) If Hosteller, specify (i) Name of Hostel : (ii) Room No.

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

Table with 5 columns: Roll No., Marks Scored, Total Marks, Year, Name of the 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. (3) If any statement made by me is found incorrect or misrepresented, I undertake to refund in full the scholarship amount drawn by me. (4) In any 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 will be final and binding upon me.

Date: Place:

Full signature of the applicant

FOR USE OF THE AWARDING AUTHORITY ONLY

Code No.

- (1) Academic Session: (2) Class/Course: (3) I/II/III/IV/V Year: (4) Period: From to (5) Rate of Maintenance Allowance: (i) Hosteller/Day Scholar = Rs x months = Rs. (ii) Non-refundable Fees = Rs. (iii) Total [(i) + (ii)] = Rs.

Table with 2 columns: ACCEPTED, REJECTED

Reason(s) for rejection: (1) Incomplete entries (2) wrong entries (3) excess income ceiling (4) double apply (5) absence of certificate (6) absence of applicant's or head of institution's signature (7) doubtful handwriting of the applicant (8) doubtful or old passport photograph.

Signature of Dealing Assistant

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.....
2. The school is affiliated to Board of
(An attested Xerox copy of affiliation order/letter is to be submitted.)
3. If it is a Govt. Institution, specify name of the State :
4. If it is not a Govt. Institution, specify Recognition No. under Govt. of
(An attested Xerox copy of recognition order/letter is to be submitted.)

Date :

Place :

Signature of the school authority

Name in BLOCK LETTERS : ()

Designation with Seal :

Fax no. :

E-mail Address :

Website Address :

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

(School Round Seal)

Full Postal Address of the Institution with 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. **TO BE ENCLOSED/ATTACHED WITH THIS APPLICATION FORM:**
 - (a) Attested Xerox 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. 2,50,000/- per annum.
 - (c) *Scheduled Caste Certificate* of the applicant issued by the competent authorities/ executive magistrates (attested Xerox 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.
 - (f) Attested Xerox copy of *Aadhaar Card*.
 - (g) A photostat 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. **The last date of receipt of the Application Form in this office is 31st October, 2015.** 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 and II attached herewith this form.
7. The decision of the awarding authority is final.

AUTHORIZATION LETTER

I, _____ would like to receive the sums disbursed by the Department of Tribal Affairs, Hills & Scheduled Caste Development (Scheduled Caste Division), Manipur in my Bank account electronically as per details given below: *(To be filled-in neat & clear. The Department of Tribal Affairs, Hills & Scheduled Caste Development, Manipur will not be responsible if the Scholarship amount is transferred to someone else's account due to incorrect or unclear filling of the Bank Account details).*

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

Account number has been verified by me

Signature :

(Bank branch maintaining the Account)

Name of the Student :
Class :
Roll No :
Institute :
Address :

Seal

ANNEXURE – II

**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 electronically from (DDO)
on account of the above amount sanctioned by the Department of Tribal Affairs, Hills & Scheduled Caste
Development, Manipur vide letter No.dated

Place :

Signature :

Revenue Stamp

Date :

Name of the Student:

Institute:

Class :

Roll No:

Identified by the Head of the Institution
with seal