

Application for Fresh Scholarship for the Differently Abled

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[Personal Details](#)

Name in Full*

Date of Birth

dd/mm/yyyy

Age (in years)*

Sex (Male/Female)

UID

Mobile No.

LandLine No.

Email Id

Are you a Citizen of India? *(Yes/No)

Native Place*

Caste *(SC/ST)

Address for Communication:

House/Door No.*

Address line-1*

Address Line-2

Address Line-3

Pin Code

Permanent Address:

House/Door No.

Address Line-1

Address Line-2

Address Line-3

Pin Code

Relationship Details:

Relationship with the Applicant *(Parent/Guardian)

Name

Profession*

Monthly income of parent/Guardian (Rs.)*

Address:

House/Door No.*

Address Line-1*

Address Line-2

Address Line-3

Pin Code

[Application Details](#)

Local Region* (Karaikal/Mahe/Puducherry/Yanam)

Nature of differently abled *(Blind/Deaf/Orthopedically handicap)

Does applicant earn?*

Source of Income*

Monthly amount*

For Blind:

Have you engaged a reader? (Yes/No)

Amount paid for month

Date of Engagement

[Particulars of all Examinations passed so far](#)

Name of the examination

Year

Name of Institution

Percentage of Marks obtained

Scholarship Details

Have you received scholarship under this scheme? (Yes/No)

If yes, Indicate following:

Course of study*

Period from which scholarship was paid*

dd/mm/yyyy

Reference Number ,if any

Please state whether you have undergone any training course at any training Centre for audit blind / deaf approved by the Central/State Government

Course of study for which scholarship is now desired*

Date of commencement of course*

dd/mm/yyyy

Approximate date of termination of the course

Date of joining the present standard in the course during the current academic year*

Declaration

I hereby declare that all the information furnished above are true to best of my knowledge.

Date :

Signature :

Place :