DIRECTORATE OF HIGHER & TECHNICAL EDUCATION GOVERNMENT OF ARUNACHAL PRADESH

ITANAGAR APPLICATION FORM FOR GRANT OF STIPEND TO ARUNACHAL PRADESH SCHEDULED TRIBE STUDENTS FOR THE ACADEMIC SESSION 2016-17 Paste your recent Passport size coloured Photograph here PART-I (Do not use stapler) To be attested by Head of Institution Name of Student (in block letters) 1. 2. Fathers Name :_____ 3. Mothers Name : 4. Tribe • 5. Address for Communication : City/Town District _____PIN _____ State Contact Number: 6. **Permanent Address** : Town/Village_____ District _____ State _____ PIN _____ PIN _____ Contact Number: ______ : _____%age of Marks obtained ______ 7. Name of the last examination Passed 8. (a) Name of the course undertaking • (b) Pass/Honours (if applicable) • : Roll No. /Enrolment 9. Year/Semester studying in 10. Date of admission in the current Academic session : 11. Name and address of the Institution : City / Town_____ District _____ _____PIN _____ Sate 12. SBI SB Account details of the student : Name of Account Holder _____ Account No. 13. Adhar Card No. 14. Following documents duly attested by a gazetted officer must be accompanied with the application form: APST Certificate. a. Mark sheet of the last examination passed. b. Student Identity Card. c. First page of SBI Saving Bank Account Passbook containing details of the account holder. Ь e. Adhar Card.

f. Admission Receipt of the Student for current academic session.

Name & Signature of the Candidate

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

1.	Do you recommend for award of Stipend	: (Yes/No)
2.	Duration of the course	:
3.	Period of Academic Session	:
4.	Date of joining of the Student in the Institution	:
5.	State whether any disciplinary action is taken / pending against the student	:
6. 7.	Institution affiliated to (Specify the affiliated University/Board of council etc, The minimum qualification required for admission to this course.	:
	Round Seal of Institution	Name of Head of Institution Designation Signature Date

PART- II

	I Mr./Ms		a student	of			_ (course
name)	I Mr./Ms (Semester/Year)/(Pass/Hons)	_ during the session, do			college		
						hereby	
solemr	nly declare that I will strictly adhere to the Rules 8	& Regulation	ns for grai	nt of Stipend	and undertake ti	iat:	
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	on and viol	ation of a	stipend rules	s, my claim for st	tipend	shall be
-	ed by the authority. Further, I shall inform the Pr ary benefit.	rincipal of tl	he college	e immediate	ly if I get any em	ploym	ent with
		Signature o	of the Stu	dent			
		Name of St	udent				
		Roll No.			·		
		Date					

<u>N. B</u>

- 1. Duly filled up application form should be submitted to the Director, Higher & Technical Education, Govt. of Arunachal Pradesh, ESS Sector, PO/PS Itanagar, Papum Pare, Arunachal Pradesh, PIN- 791 111 on or before 30th September, 2016.
- 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. Stipend is granted to the APST students who are studying on regular basis in recognized Institutions only. Students pursuing courses in Distance Education Programme/Mode are not eligible for award of stipend.
- 5. Students pursuing courses relating to Medical, Agriculture, Veterinary, Fisheries, Textile & Handloom & Handicrafts, Environment & Forests are to submit their application to the concerned department. Their cases shall not be entertained in the Directorate of Higher & Technical Education.