Government of Karnataka

Minority Welfare Department

Directorate of Minorities

20th Floor, V.V. Towers, Bengaluru – 560001

Official Website: https://gokdom.kar.nic.in

APPLICATION FOR INCENTIVE FOR JOURNALISM & MASS COMMUNICATION RELATED TRAINING

Note: - 1) Student should be pursuing Journalism & Mass Communication Related Training/ Certification Course in Government/ Aided/ Prestigious private institutions.

- 2) Student should be a domicile of state of Karnataka
- 3) Students should be a Graduate.
- 4) Student should belong to Minority Community (Muslim, Christian, Buddhist, Sikh, Jain & Parsi).
- 5) Students annual family Income should be less than Rs.6 Lakhs
- 6) Student age should be of Minimum 18 years & Maximum 40 years.
- 7) Student must Registrar online at https://gokdom.kar.nic.in before submitting offline application form along with required document to Directorate of Minorities .

PLEASE FILL THIS APPLICATION FORM CAREFULLY AND LEGIBLY IN BLOCK LETTERS ONLY.

Registration No. (For office use only)	
, , , , , , , , , , , , , , , , , , , ,	

Passport Size
Photograph to be
Pasted here

PERSONAL DETAILS

1 .Student's Name							
2.Date of Birth (DD/MM/YYYY)	DD	MM	YYYY	4.GENDER:	Male	e Fer	nale Other
3.Place of Birth	VILLAGI	E/TOWN		DISTRICT		STATE	PIN CODE
4.Father'sName							
5. Mother's Name							
6.Occupation of Father/Mother/Guardian							
7.Annual Family Income from all sources							
							Page 1

8.Religion	Muslim	Christ	ian 🗌	Sikh	Bud	dhist		Jain	F	Parsi	
								Jani		arsi	
9. AADHAR Card Number											
10. Mobile No.	11. Pre	L. Present Address in Full 13.PermanentAddressinFull									
	Villa	ge/Town/0	City.	Villag	ge/Tc	own/	City:				
14.EmailID:	Talul		city.	Taluk		-					
	Distr			Distri	ct:						
	State			State	:						
	Jotate		DIDATES B	ANK DE	TAIL	S					
Bank Name:											
Branch Name:											
Full Account Number:											
IFSC Code:											
		A	CADEMIC	DETAILS	5						
			SSLC					Ρ	U/ (10)+2)	
Registration number											
Marks/ Percentage/ Co	GPA										
Name & address of Sch	nool										
Name & address of Bo number	ard										

	Graduation	Post -Graduation
Name of the Course		
Present Year of studying		
Semester		
Registration ID		
Name of the Department		
Name & address of Institute		
JOURNALISM & MASS COMMU	NICATION RELATED TRAINI	NG/ CERTIFICATION COURSE DETAIL
Name of the Course		
Candidates registration Number to Course		
Brief Description about the course (Not more than 25 wards)		
Duration of Course		
Amount of Fee Paid (attach receipt)		
Name of the Government/ Aided/ Private Institute		
		Page

Whether above Institute is duly recognized by Government		
Address of the Institute		
Website address of the Institute		
E-Mail ID & Phone Number of the Institute		
Brief Description about the Institute (Not more than 25 wards)		
-	OLLOWING DOCUMENTS TO BE SUBMITTED ALONG A	WITH THE
	APPLICATION FORM (CHECK LIST)	
 Valid Income & Caste Certific Domicile Proof certificate 	ate issued by Tanasildar.	
3. Students driving license/ Vot	er ID/ Bation Card	
4. Identity card issued by Institu		
5. SSLC & PUC marks card		
	stitute (Format enclosed with application)	
7. All previous semester Marks	cards & Convocation Certificate of UG/PG.	
	gistration Certificate of institute.	
Applicants Bank Account, Pas	s Book Xerox copy with Account Number, IFSC Code	
and Bank Address		
10. Aadhar Card.		
11. Affidavit Duly Notarized (Fo	rmat enclosed with application)	
		Page 4
		5

DECLARATION

	I S/o, D/o, W/o residing at
	(full
addre	ess) have furnished the information and documents as per my academic qualification and
certifi	icates issued by the Institute/ Board authorities concerned. They are true and correct
to the	e best of my knowledge. I do hereby solemnly affirm and declare that
Α.	I am citizen of India.
В.	I am domicile of state of Karnataka.
C.	Annual income of my family from all sources in Rs(in word also)
D.	I belong to the community which is a notified minority
	community as per section 2(c) of National Commission of Minorities Act, 1992.
Ε.	I am pursuing course in
	(name & address of Institute).
Ir	n case any of the information furnished by me and the documents enclosed are found to
be inc	correct or false, I shall be liable to be taken action against me as per the existing rules of
the G	overnment and Department.
	Circulate Student
	Signature of the Student
Place:	
Date:	
	- Candidate must register online first at https://gokdom.kar.nic.in and then filled in
	ations must be sent to Directorate of Minorities, V.V. Tower, 20th Floor, Dr. Ambedkar
	i, Bangalore-01. Kindly write "APPLICATION FOR INCENTIVE TO MINORITY CANDIDATES ING JOURNALISM & MASS COMMUNICATION RELATED TRAINING/ CERTIFICATION COURSES"
	Envelope.
	Page

STUDY CERTIFICATE

	I,	Principal/Head	l of	the	Institute
				(Na	ume & address
of In	stitute) do hereby certified	hat.			
a)		(Name of the Student) is a	a student o	f our Ir	nstitute.
b)		C			
c)	His /Her admission /	Registration / Enrollment	Number	in I	nstitute is
Date	2:				
Plac	e:				
		1 61			
		ead of Institute: of Institute:			
	Address of Institute:				
					-
					-
		Seal	and Signati	ıre	
					Page 6

In Rs.200 Non-Judicial Stamp Paper <u>AFFIDAVIT DULY NOTARIZED FOR INCENTIVE TO MINORITY</u> <u>CANDIDATES PURSUING JOURNALISM & MASS COMMUNICATION</u> <u>RELATED TRAINING/ CERTIFICATION COURSES</u>

I, ______ (Name and age), son/daughter/wife of ______residing in (full address) _______, is pursuing ______ course in ______(Name & Address of Institute) from (Date of Admission).

I have applied for Directorate of Minorities' Incentive To Minority Candidates Pursuing Journalism & Mass Communication Related Training/ Certification Courses. And I hereby affirm that:

- (i) I belong to Minority Community
- (ii) I am a resident/domicile of State of Karnataka
- (iii) My age is above 18 years & less than 40 years.
- (iv) I shall submit all necessary documents as required by the Directorate of Minorities in future
- (v) I am registered & pursuing Journalism & Mass Communication Related Training/ Certification Course in above mentioned Institution by fulfilling conditions of admission of that Institution.
- (vi) My/ parents or guardians annual income do not exceed Rs.6 lakh from all sources.
- (vii) I shall submit feedback to Directorate of Minorities, in form of the report on the research work done.
- (viii) I shall complete my Course successfully and I shall submit copy of final Course Completion Certificate to Directorate of Minorities within stipulated time.
- (ix) I will maintain monthly attendance of 80%.
- (x) I will submit Monthly Attendance & Monthly Progress Report issued by the Institute
- (xi) I will utilizes this scheme benefit only one time.
- (xii) My Incentive shall be cancelled:
 - If it is found that I have obtained Incentive for minority students fraudulently, the cancellation should be automatic and the amount disbursed shall be recovered with at 12% interest per annum.
 - Concealment of facts and on any other ground of misconduct.

- Unsatisfactory progress of course work or if I fail in any of the examinations related to the course.
- Candidate is later found ineligible on account of false information provided in the application submitted.
- Non completion of course successfully within stipulated time leads to recovering of all fellowship amount grated at 12% interest per annum.
- (xiii) The Directorate of Minorities reserves the right to withdraw/cancel the Incentive without assigning any reason and decision of the Directorate of Minorities will be final

This undertaking is submitted before the Director, Directorate of Minorities, 20th Floor, V.V. Towers, Dr. B.R. Ambedkar Veedhi, Bangalore-560001. On this _____ day of _____ month 2017.

Signature of Parents

Signature of the Candidate

Before Me