Last Date of Form Submission 31st October, 2018

2018-2019

RENEWAL APPLICATION FORM

Post-Matric Scholarship for Scheduled Tribe students (Sponsored by the Ministry of Tribal Affairs, Govt. of India)

PART – A

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

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

To	
	The Director,
	Department of Tribal Affairs & Hills
	Government of Manipur, Imphal - 795001
Sir,	
	I wish to offer myself as an applicant for award of Post - Matric Scholarshi

Sir,																				
		I wish to offer my	self as	an applican	t for aw	ard of	Post	- M	atric	Scho	larshi	p to	S	T stu	dent	s for t	he a	cad	dem	ic
ses	sion	of 2017-2018 and	my pa	rticulars are	given b	pelow	:													
1.	(a)	Full name [in BLC	CK LE	TTERS]:																
	(b)	Date of Birth (enclose Class-X Certificate): (dd/mm/yyyy) (c) Name of Tribe																		
	(d)) Religion : (e) Nationality : (f) Phone/Mobile No																		
	(g) Full Permanent Address: Name of Village/Town:Sub-									ub-D	Div:									
		District :		Pin	Code			, [Mani	ipur.	(h) E	-ma	il I	D:						
	(i)	Aadhar No. : Aadhar No. :																		
2.	(a)	Father's Name :(b) Occupation:																		
	(c)	Mother's Name :.						•••••			(d) (Эссі	up	atior	1:					
	(e)	Total Annual Inco	me (b	+ d) Rs																
3.	(a)	Class/course for w	vhich s	cholarship v	vas rece	eived :.														
	(b)	Amount Received	: Rs	fc	r Acade	emic Se	essior	ո 20.		20										
	(c)	Name and Full Ad	ldress	of the previo	ous Insti	itution	:											••••		
													••••							
4.	(2)	Present Class/Co	urco of	E ctudy :																
4.		Duration of the C		•																- 1
		A Govt. Nominee					-													
		Regular/Correspo							JIIIVE	ersity	negu.	. INO). C	K TE		••••••	••••••	••••	•••••	
		Name of College/																		
	(8 <i>)</i> 	Postal Address:		-																
		City/Town																		
		Pin Code:																		- 1
Pin Code: State												- 1								
									•••••	••••••	•••••	•••••	•••••							
		Name of the Bran	ch :					(Ваг	ık Ad	ccoun	t sho	uld l	be	in th	e nai	me of	the	арр	olica	nt)
(i) Hosteller/Day Scholar :(ii) If Hosteller, specify (i) Name of Hostel :(ii) F																				
												(ii) Ro	om	No						
5.	Det	tails of Board/Cour	ncil/Ur	niversity exa	minatio	n(s) pa	ssed	: (Se	e ins	struct	ion SI.	. No). <u>3</u>	(a) e	nclos	sed)				
	SI.	Exam Passed	%	Roll No.	Year	Sc	hool/	/Colle	ege/	Unive	rsitv			Bo	ard/0	Counc	il/Ur	nive	ersit	,]
	No.	. Zam rassea	,,,						-60/						u. u, (,			,
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	2. 3.											-								
	4.											+								
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DECLARATION OF THE APPLICANT

I declare and certify that the above statement has been <u>filled-up in my own handwriting</u> and certify that they are accurate and true. (2) I have not applied/received any scholarship/stipend from any other sources. (3) I am not employed in any Govt./Semi Govt. establishment. (4) If any statement made by me is found incorrect or misrepresented, I undertake to refund in full the scholarship amount drawn by me. (5) 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

Code No. (1) Academic Session:
(ii) Non-refundable Fees = Rs
ACCEPTED DEJECTED
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 Office.
PART – B (To be filled in by the college/school/institution authority only) 1. Certified that the applicant is actually enrolled in this school/college/institution with effect from
(v) Medical Fee: Rs. (vi) Others : Rs.
TOTAL: Rs. (Rupees)
Date :
Place : Signature of the institution head/authority
Name in BLOCK LETTERS: () Designation with Seal : Fax no. : E-mail Address : Website Address :
(Round Seal) Telephone No(s). : (STD Code) 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**.

AUTHORIZATION LETTER

I, would like to receive the sums disbursed by the Department of Tribal Affairs & Hills, Manipur in my Bank account electronically as per details given below: (To be filled-in neat & clear. The Department of Tribal Affairs & Hills, 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).											
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										
-	by of the first page portion of the Bank Passbook		nt number, IFSC								
coae	, etc. are visible should also be attached in the ap	plication form.									
Acco	ount number has been verified by me										
		Signature :									
(Ran	k branch maintaining the Account)	Name of the Student :									
(Dun	R Oranen maintaining the 7 cecounty	Class :									
	Seal	Roll No :									
		Institute :									
		Address :									
			ANNEXURE – II								
	ACQUITTANCE/PRE-STAM	MPED RECEIPT (PSR)/									
	PRE-RECEIPT / ADVANCE RECEIPT										
(Form of Acquaintance for amount to be received through electronic transfer)											
Received a sum of Rs. /- (Rupees											
on account of the above amount sanctioned by the Department of Tribal Affairs & Hills, Manipur vide letter No											
			Revenue								
Place	:	Signature :	Stamp								
Date	:	Name of the Student:									
		Institute:									
T		Class:									
Identi	fied by the Head of the Institution	Roll No:									

with seal

INSTRUCTIONS FOR FILLING UP OF THIS APPLICATION FORM

- 1. This form is only for Fresh Applicants. [viz.-]
 - (a) XI Class, BA/BSc-I, MA-Previous, MBBS-I etc.
 - (b) XII Class, BA/BSc-II/III year, MA-Final,6 MBBS-II/III/IV etc. who did not apply in the previous year(s)].
- 2. Students having a study break should furnish an Affidavit/Certificate stating the reason of break in his/her academic studies.
- 3. TO BE ENCLOSED/ATTACHED WITH THIS APPLICATION FORM:
 - (a) Self attested copies of Certificates, Mark Sheets, Admit Card of exam passed as at Sl. No. 4 of Part –A.
 - (b) Income Certificate of father/mother/guardian/husband ending 31st March of the current year in original issued by the competent authorities/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 Tribe Certificate of the applicant issued by the competent authorities/ executive magistrates (original copy).
 - (d) Certificate in support of claim as Hosteller, issued by the warden of the hostel as at SI. No. 3
 - (j) of Part A. (The Certificate must be countersigned by the head of the Institution if not run by the Institution).
 - (e) Break Certificate, if any (as stated at Sl. No. 2 above).
 - (f) Self attested copy of Aadhaar Card.
 - (g) A 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.
- 4. Direct individual submission of this application form will not be accepted in case of students studying inside the State.
- 5. **The last date of receipt of the Application Form in this office is 31**st **October, 2018**. After the last date of submission of form, no form shall be accepted.
- 6. It will be the responsibility of the concerned institution for not awarding scholarship if forwarded this Form after the prescribed last date of submission.
- 7. 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 AND SHOULD COMPULSORILY FURNISH HIS/HER BANK ACCOUNT DETAILS NEAT & CLEARLY IN THE ANNEXURES I AND II ATTACHED HEREWITH THIS FORM.
- 8. The decision of the awarding authority is final.