

APPLICATION FORM FOR THE AWARD OF SCHOLARSHIP TO THE
PHYSICALLY HANDICAPPED

Application form duly filled **in must reach the Directorate** of Social Welfare **not later than** **application received thereafter will not be entertained.**

1. Name of Physically
handicapped
2. Name Full
(in block letters)
3. Residential Address
4. **Permanent** Address
5. Exact date of birth

Father's Name
7. Total monthly income of
both the parent.
8. **Please state** if you have in
receipt of any scholarship from
from any other source.

(i) The Source
(ii) Monthly amount
9. Please state if you ever applied
for scholarship under this
scheme. If so, the source for
which applied for and the year
of application

Signature of Parent/Guardian

DECLARATION TO BE SIGNED BY THE FATHER/GUARDIAN OF THE CHILD.

I hereby declare:-

- i) That the particulars given regarding my ward Kumari **Kumar** :-
in the application are true to the best of my knowledge and belief and that no material information have been cancelled or with held which has bearing on selection.
- ii) That my ward shall not accept emulment, scholarship or any other financial assistance or grant in any other form what so ever except examination form tuition fees, from any other source during tenure of scholarship if awarded to his/her under the above scheme.

Place :
Date :

Signature of Parent/Guardian

CERTIFICATE BY THE PRINCIPAL W E A D MASTER OF THE SCHOOL/
INSTITUTION :

Certified that **Kumari/Kumar** **..... is regular**
student of class **in this school/institution**
and his /her performance in studies has been found satisfactory.

Place :
Date :

Signature of the Principal/Head Master

APPENDIX : IV

**INCOME CERTIFICATE FOR THE PHYSICALLY HANDICAPPED PERSONS
(VIDE RULE (b) (iv))**

Icertified to the best of my
knowledge and behalf that the combined income from all sources of both the parent /
guardian of Kumari/Kumar/Shri

R/o Rs.-.....

(Rupees
.... •only) per month.

Signature of the candidates.

Signature .

Name in Block Letters:

Designation/ Office

Stamp.

¹, Father J Guardian of ShrifSmtijKumfKumarl

undertaken to intimate to mention income take place at the time during the pendency of
scholarship.

Date:

Palce:

Signature

Profession :

Postal Address:

NO: It may be given by the revenue Officer not below the rank of Naik Tehsildhar or any
other officer or equivalent status or an affidavit by the first class Magistrate or a certificate
from gazetted officer of the Central or State Government or Member of Parliament or
State Legislature.

