

Appendix-I

**Government of Himachal Pradesh
Department of Social Justice & Empowerment
Directorate of SCs,OBCs & Minority Affairs**

APPLICATION FORM FOR GRANT OF SCHOLARSHIP TO THE DISABLED STUDENTS

(1) Name of applicant
(in block letters):-----

(2) Father's Name: -----

(3) Residential address:\nVillage ----- P.O-----
Tehsil-----Distt.-----



(4) Tel/Mobile No. -----

(5) email ID if any -----

(6) Date of birth (in Christian era): -----

(7) Whether belong to SC/ST/OBC/Minority/General

(8) Detail of course for which scholarship is applied:-

(a) Name of Present class/ course -----

(b) Date of admission in the present course/class -----

(c) Academic year -----

(d) Class/Course last attended -----

(9) Whether new case or renewal of scholarship-----

(10) Whether day scholar or hostlers-----

(11) Please state if you have been in receipt of
any scholarship from any other source, if
so indicate.:-

(a) The source. -----

(b) Monthly amount.-----

(12) Detail of bank account of students:

(a) Name of bank-----

(b) Name of bank branch -----

(c) Branch code No. -----

(d) Bank account No. -----

(e) Type of bank account -----

(f) IFSC code No. -----

(13) Documents enclosed with application

- (a) Income certificate of parents/ guardians duly issued by Revenue officer not less than the rank of Naib Tehsildar
- (b) Attested copy of disability certificate duly issued by medical authority.
- (c) Certificate from the head of the institution.

(14) **Declaration**

I hereby declare: -

- (a) that the particulars given above are true to the best of my knowledge and belief and no material information has been concealed or withheld.
- (b) I am not availing any other scholarship for this purpose from any other source.
- (c) I shall abide by the terms and conditions for the sanction of scholarship.
- (d) I undertake that if, at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false or if I violate the terms and condition of scholarship sanctioned to me may be cancelled and the entire amount of scholarship will be refunded by me or recovered from me , apart from such penal action as warranted by the law.

Signature of student

Date:-

Part-II

Details of Schools/College/ Institute to be filled by Head of institution

- (a) Name of School/ College/ Institute -----
- (b) Address of School/ College/ Institute -----
- (c) Telephone/Fax No. -----
- (d) email address -----
- (e) Whether the School/ College/ Institute
is private, if so the name of the authority
which has recognized it -----

Verification/ information to be furnished by Head of Institution

This is to certified that the information filled in the above mentioned columns by Sh./
Kumari ----- S/O/D/O Sh-----who is admitted in -----
----- class/ course for the academic session ----- on -----
-----in this school/ college/ institute is correct. This session will end on -----
----It is further certified that:

- (a) he/ she is a hostlers/day scholar of this school/college/ institute and he/she is a fresher admitted in
this school for the academic year -----
or
he/ she has been promoted from ----- to ----- class in the academic year -----
-----.
- (b) he/she has passed ----- examination during the year ----- and has
obtained -----% marks.
- (c) he/she is not in receipt of any other scholarship and also not applied for any other scholarship
during current academic.

Place:-
Date:-

Head of School/College/ Institute
(with seal)