

**APPLICATION FOR AWARD OF SCHOLARSHIP TO
CHILDREN OF PERSONS WITH DISABILITIES
(For education after 10th standard)**

1. Name of the Candidate (As in Matriculation Certificate/ School Records) :
2. Address : At- PO- Via
Dist- Pin-
Mobile No. -
3. Date of Birth :
4. Sex :
5. Fathers Name :
6. Disability Category and Percentage (Enclose Fathers Disability Certificate Copy) :
7. Family Income per Annum (Enclose income certificate) :
8. Details of Last examination passed(Enclosed Mark Sheet and certificate thereof) :
9. Course/ Class of education for which scholarship applied for(academic session, duration, & date of admission) :
- 10 Name and address of the institution where course is undertaken :
- 11 Whether hosteller or a day scholar please specify :
- 12 Details of scholarship/ stipend/ financial assistance being received for the same course(if any) :
- 13 Any other information applicant wishes to provide :

Declaration

I do hereby declare that information provided above is true to the best of my knowledge and I am aware that providing wrong information will make me liable to legal action and recovery of scholarship amount.

Date:

Name & Signature of the applicant

Place:

Name & Signature of Parent/ Guardian

(TO BE FILLED BY THE INSTITUTION)

Recommendation of the Institution

(Only one application per student to be recommended)

1. Certified that Sri/ Kum./Smt. _____ is studying course of _____ which is (please tick the relevant or specify) Diploma/ Degree/ PG level study/ any other (please specify _____) and is presently studying in- (Tick whichever is applicable)

1 st year	2 nd year	3 rd year	4 th year
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The duration of course is _____

2. The information furnished above by the student is in order and correct as per records of the institution.
3. The student is receiving scholarship/ financial aid/ stipend from _____ / not receiving any scholarship/ financial aid/ stipend from any other source as per records of the Institute.
4. General conduct of the student is satisfactory/ unsatisfactory (please strike out whichever is not applicable)

Date:

Signature & Name of Head of Institution/ Registrar/ Dean

Place:

Seal of the Institution