

Annexure-V

3.3 APPLICATION FORM FOR SCHOLARSHIP TO THE DISABLED STUDENTS

Name (in block letters):
Father's Name:
Guardian's Name:
Residential address:
Permanent address:
Date of birth (in Christian era):
Whether belong to Scheduled Caste /Tribe:
Parents/Guardian's profession:
Total monthly income of both parents/guardian:
Particulars of last examination passed:

Name of examination	Year	Subject	Name of Institution <u>Board/University</u>	Name of
1.	2.	3.	4.	5.

Please state if you have been in receipt of any scholarship from any other source, if so indicate.

- (i) The source.
(ii) Monthly amount.

Have you ever received scholarship under the scheme?

If yes , indicate :

- (i) Amount paid per month:
(ii) Date of receipt:

Date:-

Signature of applicant.

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

I hereby declare: -

- (i) That the particulars given regarding my ward Shri/Km. in the application are true to the best of my knowledge and belief , and no material information has been concealed or withheld which has a bearing on selection.
- (ii) That my ward shall not accept employment, scholarships or any other financial assistance or grant-in-aid from other government source during the tenure of the scholarship if awarded to him/her under the above scheme.

Signature of the parent/guardian.