

ANNEXURE-C

APPLICATION FOR GRANT OF POST-MATRIC SCHOLARSHIP
FOR THE YEAR _____

The Director
Social Welfare Department,
Jammu.

Dear Sir,

I am enclosing form of Mr./Ms.

S/o, D/o Sh.



_____ belonging to Schedule Caste/
Schedule Tribe/ Other Backward Classes/Physically handicapped category duly completed for sanction.

Sig. Seal of the Head of the
Institution.

CATEGORY (PLEASE TICK)

SC	<input checked="" type="checkbox"/>	OBC	P/C
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PART-A

(To be filled in by the student)

1. Name in full
(In Capital Letters)

2. Name of the father/guardian

3. Occupation of the father/guardian

4. Permanent address

(i) Village

(ii) Tehsil

(iii) District

(iv) Assembly Constituency

5. Monthly income of father/guardian
from all sources with full details _____

6. (i) Name of the institution _____
- (ii) Class _____
- (iii) Date of original admission : _____
- (iv) Year in which studying at present : _____
- (v) Duration of course _____
- (vi) Duration of admission to present class
(Attach promotion certificate _____)

7. State whether staying in the approved hostel _____
8. Date of joining the hostel (attach certificate from the warden & discharge certificate of warden in respect of those students who have completed the course).
9. I have read the instruction contained in the form & certify that the statement made above is correct. If any portion thereof is found incorrect, the decision of authorities shall be final and binding on me.

SC ST OBC PSC

PART-A

Signature of the Candidate

(To be filled in by the student)

B. To be filled in by the Head of Institution

1. Whether the statements made by the student in Part "A" is correct according to the record available in the institution _____
2. Character/Conduct of the student _____
3. Whether you recommend the scholarship _____
4. Likely date, month & year (in which annual exam, including practical in the current session will be over) _____
5. Actual date of discharge _____
6. In case the student failed or otherwise detained please state the reason _____
7. Please state the non-refundable compulsory fee paid by the student, with details in table below : _____

PARTICULARS :

1. College Fee _____
2. Examination Fee _____
3. Tuition Fee _____
4. Games Fee _____
5. Library Fee _____
6. Medical Fee _____
7. Any other non-refundable fee (attach detail) _____

It is certified that the amount of scholarship in respect of the applicant who studying outside the State as and when placed at my disposal will be disbursed by me to the student concerned. In case the applicant leaves the institution or otherwise discontinue the studies or accept any other regular stipend scholarship, the fact will be immediately reported to the authorities and payment stopped. The undisbursed amount will be refunded to the Department.

It is also certified that the student is not in receipt of any other scholarship.

Signature of the Head of the Institution

Place

Name in capital

Dated :

Designation (Please affix official seal)

PLEASE ATTACH ATTESTED COPIES OF FOLLOWING CERTIFICATES

1. Permanent Residence Certificate
2. Caste Certificate
3. Income certificate of parents/guardian duly attested by Revenue Officer not below the rank of Tehsildar concerned in respect of students whose parents/guardians are non-Government employees. In case of Government employees salary certificates issued by the concerned Drawing & Disbursing Officer is required alongwith affidavit indicating that income from all sources does not exceed Rs. 100 lac per annum in respect of students belonging to SC category, Rs. 1.08 lac per annum in respect of students belonging to ST category and Rs. 44,500/- per annum in case of students belonging to OBC/Physically challenged category.
4. Fee receipt
5. Copy of fee structure duly approved by Centre/State Government in case of Private Institutions.

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