

GOVERNMENT OF MANIPUR/INDIA
DEPARTMENT OF SOCIAL WELFARE

SCHOLARSHIP FOR THE PHYSICALLY HANDICAPPED

APPLICATION FORM FOR THE FRESH SCHOLARSHIP

Application must reach the State Social Welfare Department not later than..... Through District Officer concerned.



PART-I

(To be filled in by the Candidate)

1. a) Nature of physical handicapped : Blind/Deaf/Orthopaedically Handicapped.
b) Disability I/D No.
2. Name in full in block letter) : Shri/Smt./Km.
3. Postal address to which communication should be sent :
4. a) Are you a citizen of India?
b) District and State which you belong :
c) Whether Schedule Caste/Tribe/OBC
5. Date of Birth :
(In Christian era)
6. Name and Address of the parents/guardian and relationship of the guardian with the application.

Name of the parent/guardian
.....
Profession.....
Address.....
.....
Relationship of guardian...
.....
7. Total monthly income of both the parents/guardian :
8. Please state if you are earning an income : Yes/No
If yes, please indicate
 - i) The source :
 - ii) The monthly amount :
9. a) Particulars of all examinations passed (commencing with the middle or equivalent examination)

Name of Examination	Year	Subject taken	Name of the Institution	Name of Board/ University

- b) Percentage of marks obtained in the last examination passed:
(in the case of examination in music, indicate division obtained)

- 10) Have you ever received Scholarship under the Scheme? Yes/No
 If yes, indicate
 i) the course/stage of study :
 ii) period for which scholarship was paid:
 iii) sanction/reference No.
- 11) Please state whether you have undergone any training course at any training centre for adult blind/deaf approved by Central/State govt.
- 12) i) Course of study for which scholarship is now desired :
 ii) Date of commencement of the course :
 iii) Approximate date of termination of the course :
 iv) Date of joining the present standard in the course during the current academic year.
- 13) For blind:
 Have you engaged a reader?
 If yes, please indicate
 i) Amount paid per month :
 ii) Date of engagement :
- 14) Documents attached :
 i)
 ii)
 iii)
 iv)

I hereby declare –

i) that I shall not accept emoluments, scholarship, stipend, or other financial assistance or grant in any other form whatsoever except exemption from tuition fees, from any other source during the tenure of the Government of Manipur scholarship if awarded to me under the above scheme.

OR

That I am in receipt of assistance to the tune of Rs..... from and in the event of award of scholarship, I undertake to refund it from the month the scholarship is payable to me, to the source from where I have received it, and that during the tenure of scholarship, if awarded, I shall not receive any other financial assistance, emoluments, scholarships, stipend or any grant in any form whatsoever, except the examination from the payment of fees.

ii) that the payment made in the application are true to the best of knowledge and behalf and that no material information having a bearing on selection has been concealed or withheld.

Counter signature of Gazetted Officer of Central/
 State Govt./M.P./M.L.A./Magistrate/
 Head of the Institution.

Place :

Signature of Candidate Counter
 signature of the guardian in case the
 candidate is minor.

Date :

PART-II
 (To be filled in by the Head of the Institution)

1. a) Is the candidate enjoying free board and/or lodging facility or any other concession in kind?
b) If so, indicate the monthly amount equivalent to the concession.
2. Is the candidate residing in an hostel attached to School/ College/Establishment? If so, date from which residing.
3. a) Details of the nearest branch of Bank of India, or State Bank of India, or a subsidiary Bank affiliated to the State Bank of India where Government business is transacted.
b) The designation of an officer in whose favour Demand Draft may be remitted.
4. For Orthopaedically Handicapped.
 - i) a) Is the candidate using any prosthetic appliance (s) and aid needed?
b) If so, please indicate the nature of appliance (s) used.
 - ii) a) Is the candidate using special transport to and from the Institution:
b) If so, please indicate clearly the mode of transport and the approximate distance travelled daily.
5. For Blind :
Has the candidate engaged a reader if so, the monthly amount paid to him/her and the date from which engaged.

Certified that

- i) The candidate given by the applicant in Part-I has been checked and found correct.
- ii) The Institution is affiliated to the University of
..... And/or is recognized by the Govt. of
..... and the course of study/training is recognized by that University/Government.

No.

Signature of the Head of the Institution

Place :

Name (in block letters).....

Date :

Designation.....

Address

Pin.....

(Seal of the Head of the Institution)

SCHOLARSHIP FOR THE PHYSICALLY HANDICAPPED

INCOME CERTIFICATE
(Vide Rule 7 (b) (iv)

I.....Certify to the best of my knowledge and belief that the total combined income from all sources of both the parents/guardian of Shri/Km./Smt.
(Name of the candidate) resident of
Is Rs...../- (Rupees.....)p.m.

Signature of Candidate

Date
Place

Signature:

(Name in block letters)
Designation:
Office Stamp:

I, father/guardian of Shri/Km./Smt.
undertaken to intimate to the union Department of Social Welfare any change in the above mentioned income that takes place at any time during the pendency of the Scholarship.

Date
Place

Signature:
Profession:
Postal Add.

.....
N.B. It may be given by a revenue officer not below the rank of Naib Tahsild or any other officer of equivalent status or an affidavit attested by a first class Magistrate or a certificate from a gazetted officer of the central or State Govt. or a Member of Parliament or State Legislature.

Annual Progress Report of the Physically Handicapped Scholarship
for the year ending 20.....

1. Name of the Scholar.....
2. Nature of Handicapped.....
3. Course of Study/training pursued.....
4. Date of joining the course in any institute.....
5. Present standard of study
6. Date of joining present standard
7. Approximate date of conclusion of course in your institute
8. (i) Date of commencement and termination of examination.
State whether or examination was a public one or otherwise.
- (ii) Result of the examination and comments.
9. (i) Whether Scholar has sought re-admission,
after annual public examination, and if so,
the date of joining the Institution.
- (ii) Whether scholar was continuously
on the role of institution.
- (iii) If not, indicate the reasons of absence and the period of absence.
10. Any warning/ caution is used to the scholar for poor progress of studies/
poor conduct or for other reasons give details.
11. Pleas state if the scholar is in receipt
of financial assistance from any other source, if so,
the name of the source, the amount per month/
any other details any be indicate.
12. Whether the scholar is continuously residing in approve hostel.
13. Any other remarks

Signature of the Head of the Institute

Date

Seal of the Institute

Place

PIN