

APPLICATION FORM

SCHOLARSHIP TO DIFFERENTLY ABLED STUDENTS

(Students studying in classes IX, X, XI & XII at
Government & Provincialised schools under Secondary Education, Govt. of Assam)

Academic Session: _ _ _ _ _

- Name of the Applicant: _ _ _ _ _
- Aadhar No. _ _ _ _ _
- Father's Name: _ _ _ _ _
- Mother's Name: _ _ _ _ _
- Class in which presently reading: _ _ _ _ _
- Name of the school where studying: _ _ _ _ _
- Address of the school where studying: _ _ _ _ _
- Status of the school (Government / Provincialised): _ _ _ _ _
- Mark secured in the last examination: _ _ _ _ _
- Percentage of Marks of previous Examination: _ _ _ _ _
- Account details :
Beneficiaries (students) Bank Account should be at nationalized bank preferably SBI):

<i>Name of the Bank</i>	<i>Name of the Branch</i>	<i>Account No.</i>	<i>IFSC Code</i>

Note: Attested Copy of first page of Bank Pass Book should be enclosed.

- Whether the Certificate of disability issued by Medical Officer or any other competent Authority is enclosed or not? _ _ _ _ _ , percentage of disability _ _ _ _ _ %
- Type of Disability: _ _ _ _ _
- Mobile No. of the student/guardian: _ _ _ _ _

Signature of Parent

Signature of Student

Certified that the above mentioned information are duly verified by me & found correct. A copy of the Certificate of Differently Abled (Physically Handicapped) showing the percentage _ _ _ _ % of disability from the concerned Medical Officer/ Competent Authority is enclosed.

Date: _ _ _ _ _

*Signature of the
Principal/Headmaster*

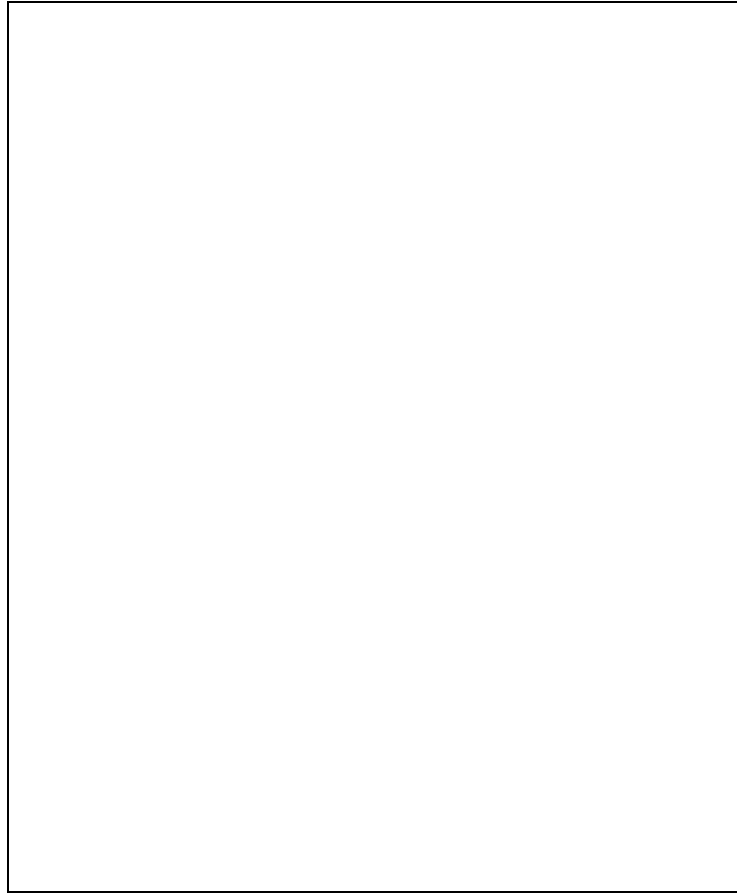
Office seal & full name (above)

Countersigned by:

Inspector of Schools, _ _ _ _ _

Date: _ _ _ _ _

- Full size Photo of the disabled student -



Signature of Parent

Signature of Student

*Seal & Signature of the
Principal/Headmaster*