**APPLICATION FORM FOR AWARDING SCHOLARSHIP TO DIFFERENTLY ABLED (PHYSICALLY HANDICAPPED) STUDENTS**

* Name of the Applicant: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Father’s Name: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Mother’s Name: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Class in which reading: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Name of the school where studying: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Address of the school where studying: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Status of the school (Government / Provincialised / Recognized): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Mark secured in the last examination: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Percentage of Marks: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Account detail :

Beneficiaries (students) Bank Account should be at nationalized bank preferably SBI):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name of the Bank*** | ***Name of the Branch*** | ***Account No.*** | ***IFSC Code*** | ***Branch Code No.*** |
|  |  |  |  |  |

**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? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* 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) from a Medical Officer / Competent Authority is enclosed.

Date: \_ \_ \_ \_ \_ \_ \_ \_ \_

***Signature of the***

***Principal/Headmaster***

*Office seal & full name (above)*

***Countersigned by:***

Inspector of Schools, \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Date: \_ \_ \_ \_ \_ \_ \_ \_ \_

***Contd. 2***

**2**

* Fool size Photo of the disable student -

|  |
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|  |

***Seal & Signature of the***

***Principal/Headmaster***

***Office Address:***

Examination & Training (E T) Branch

Directorate of Secondary Education Assam

Kahilipara, Guwahati – 781019

Website – [www.madhyamik.assam.gov.in](http://www.madhyamik.assam.gov.in)

Ph. 94357-76767 ***(Examination & Scholarship inquiry only)***

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| **National Means Cum-Merit Scholarship Scheme (NMMSS) - for students studying in class VIII in Govt. & Govt. aided schools****National Talent Search Examination (NTSE) - for students studying in class X in Government & Private school** |