APPLICATION FORM FOR SANCTION OF POST MATRIC SCHOLARSHIP FOR SCHEDULED CASTE STUDENT

(To be filled in by the student)

Photo with Signature of the Student

To
The Director
SC & OBC Welfare Department
Government of Tripura.

Through		College/Institution
Subject: - A	Application for sanction of "Post-Matric	Scholarship" (Fresh /Renewal)
Sir,	2 x x x x	
I would like	to apply for sanction of Post-Matri	10.5
	in my favour, necessary particulars in	
	hip have been given in Part-I, Part-II, Part-II, Part-II, Part-II, Part-II, Part-III, Part-IIII, Part-III, Part-III, Part-III, Part-IIII, Part-IIII, Part-IIII, Part-IIII, Part-IIIII, Part-IIII, Part-IIIII, Part-IIII, Part-IIIII, Part-IIII, Part-IIIII, Part-IIIII, Part-IIIII, Part-IIIIII, Part-IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
I also indicate the n		and mentioning the cour
year	_ in support of sanction of Scholarship.	
I also bring t	o your kind notice that presently I have	study the said course of 1st year/
	r (Tick which is applicable)	
	refore, request you kindly to sanction "	Post-Matric Scholarshin" in favour
me for the aforesaid a		
mo for the thoroxida	to all of the second se	and the first state of the stat
Dated		
Place	Yo	ours faithfully
\$1.50 miles		
	(Full signa Class / stream/Course	nture of the applicant)
	Course year	
	Roll No.	(approximate)
	College / School /Institution N	ăme .
	Bank Account No of the Candi	date
	Bank Name with Branch	
	Adhar No. of the Candidate	
	IFSC/IFC/Branch Code No	

-2-(To be filled by the student)

1		Full Name of the Student (in Block Capitals)	
2		Father's / Mother's name	· · · · · · · · · · · · · · · · · · ·
3	i)	Permanent address of the student (Pl. attach an attested copy of the permanent resident certificate issued by the SDM)	i e
	ii)	Present address of the student	
	iii)	Contact No of student & Guardian. c-mail address of student, if any	
	iv)	Nationality of the student (Pl. attach an attested copy of nationality certificate	
	v)	Name & address of the Institute with contact No/Fax No/e-mail address	
	vi)	Name of the Bank in which student has account with Account No.	
4	_i)	Name of guardian (in case of death of father, mother is the guardian and in case of death of both the parents the name of the legal/natural guardian)	
	ii)	Relation of the student with the guardian	
	iii)	Permanent address of the guardian	
5	i)	Name and address of the local guardian, if any	
0.00	ii)	Relation of the student with the local guardian	
6	i)	Stream / Course of study	
	ii)	Percentage of marks obtained in the last exam.	
7	, i) .	Whether the application belongs to SC/ST/OBC	Yes, SC /ST/ OBC (Please strike out in applicable portion)
92	ii) V	Name of the caste/Tribe to which the applicant belongs (An attested copy of the caste certificate issued by the SDM to be enclosed)	1 (10) (10) (10) (10) (10) (10) (10) (10
	iii)	Religion of the applicant	

8	i)	Whether the applicant stays in a hostel attached to College and if so, the date of admission into hostel and name of the hostel	Yes /No
	ii)	Whether the applicant attends College from his own residence	Yes /No
	iii)	Approximate distance of the applicant's residence from the educational institution	K.M.
	iv)	Whether the applicant stays in any hired accommodation used as a mess. If so, the date from which he stays there.	E
	v)	Full address of the hired accommodation used as a mess	CONTRACTOR AND TO HER BUILDINGS
9	i)	Whether the father of the applicant is in any Govt. or non Govt. service. If so, his present post, basic pay and total annual salary (Pl. attach income certificate from DDO)	14
	ii)	Whether the mother of the applicant is in any Govt. or non-Govt. service. If so, the present basic pay of his mother and total annual salary (Pl. attach income certificate from DDO).	
	iii)	If father or mother is not in any service the source of income of the applicant's family and the total annual income. (Income certificate from SDO/ Dy. Collector to be attached.	
	iv)	Whether candidate is in any service. If so, the name of the post and annual salary	SUPER TO SUPERIOR SUP
10		No of children of the parents receiving Post- Matric Scholarship.	50

Signature of the Student

List of enclosures.

- Attested copy of the student's Permanent Resident Certificate/Copy of Bank Pass Book/Aadhar Card or Aadhar Enrolment Certificate/Prof of Admission Certificate/Fees structure of the course/ identity Card of the student.
- 2. Attested copy of student's Last Annual Examination Mark Sheet
- 3. Attested copy of student's Caste Certificate.
- 4. Attested copy of student's Family income Certificate.
- 5. One copy of passport size photograph with signature of the student.
- A receipt in acknowledgement of the scholarship in the previous years duly countersigned by the Head of the Institution concerned.

Declaration No.-I

(To be signed by the student in the presence of gazetted officer)

1 Sri	S/O,	- VX
		Tripura District, do hereby
		II of this form are true to the best of my
knowledge and belief	and in case any of the particu	lars furnished is found to be false at any
subsequent state, I shal	l be bound to refund to the Go	vernment the entire amount of Post-Matric
Scholarship paid to me	either in lump sum or in installa	nent as the sanctioning authority may direct.
I shall also be liable to o	ther actions which the college /	school authority may take against me.
		(Signature of the applicant in Presence of gazetted officer)
Date: Place:		
Tiacc.	Declaration N	011
		father / mother /guardian (guardian only in
case parents are not ali	ve) of the applicant Sri	do hereby declare and
affirm that I have	personally verified the particu	lars furnished by me ward Part-II of the
		my knowledge and belief and in case any of
the particulars furnished	ed in this application form is f	ound to be false at any subsequent stage,
shall be bound to refur	nd to the Government the entire	amount for Post-Matric Scholarship paid to
my ward whether in lu	mp or in installment as the san	ctioning authority may direct. I shall also be
liable to other legal act	ion.	
		e of the father /mother /guardian of the ant in presence of a Gazetted officer)
Date : Place :		
I certify that	Sri	has
signed the above dec	laration in my presence.	(Signature, name and scal

(To be filled in by the Head of Institution)

	1 7	The applicant Sri/Smt	passed the last
given at column No-7. 3. The annual family income of the applicant is Rs	e	examination and obtained % marks as pe	r particulars given at column No-6.
			aly for the students as per particulars
	3. 1	The annual family income of the applicant is Rs	s (Rupees
ii) The distance of the applicant's permanent residence from the Educational Institution is approximately		The state of the s	
is approximately KMs. 5. As a hosteller pursuing study in Group (mention Group-I, II, III, and IV the case may be). 6. Whether the concerned Institute/College are affiliated to the AICTE / MCI / PCI / I etc. If, so, should mention the name of authority along with indicate vide of No. (attached affiliation copy with the application) DETAILS OF COURSE FOR WHICH SCHOLARSHIP ARE BEING SOUGHT: Name of Course Mention of course year (applied for) Duration period of entire Course Total Annual Course fee Rs: (Break up of Course fee such as tuition fee, library fee, examination fee etc.other trefundable deposits) SI.No Item Annual fee Total	4. i) The applicant stays in hostel/mess as per Column N	0-8
5. As a hosteller pursuing study in Group (mention Group-I, II, III, and IV the case may be). 6. Whether the concerned Institute/College are affiliated to the AICTE / MCI / PCI / I etc. If, so, should mention the name of authority along with indicate vide of No (attached affiliation copy with the application) DETAILS OF COURSE FOR WHICH SCHOLARSHIP ARE BEING SOUGHT: Name of Course : Mention of course year (applied for) : Duration period of entire Course : Total Annual Course fee Rs: (Break up of Course fee such as tuition fee, library fee, examination fee etc.other trefundable deposits) Sl.No	i i	i) The distance of the applicant's permanent residence	e from the Educational Institution, it
the case may be). 6. Whether the concerned Institute/College are affiliated to the AICTE / MCI / PCI / I etc. If, so, should mention the name of authority along with indicate vide or No	i	s approximatelyKMs.	
etc. If, so, should mention the name of authority along with indicate vide or No			(mention Group-I, II, III, and IV as
Name of Course Mention of course year (applied for) Duration period of entire Course Total Annual Course fee Rs: (Break up of Course fee such as tuition fee, library fee, examination fee etc.other trefundable deposits) Sl.No Item Annual fee Total	e N	etc. If, so, should mention the name of authori	ty along with indicate vide order liation copy with the application)
Mention of course year (applied for) Duration period of entire Course Total Annual Course fee Rs: (Break up of Course fee such as tuition fee, library fee, examination fee etc.other trefundable deposits) Sl.No Item Annual fee Total		STOWN DESCRIPTION OF THE PERSON OF THE PERSO	
Duration period of entire Course :	11. 71		
Total Annual Course fee Rs: (Break up of Course fee such as tuition fee, library fee, examination fee etc.other trefundable deposits) Sl.No Item Annual fee Total	Ment		
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Total	(Brea	ak up of Course fee such as tuition fee, library	fee, examination fee etc.other than
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(Please strike out the inapplicable column)	14	Total	
Applies y p	((Please strike out the inapplicable column)	A. (1.1.)

Note: Incomplete application will not be considered for sanction of Scholarship.

(Signature of the Head of the Institution)

FORM-2 FOR Digitization

Post Matric Scholarship for SC students

Sl.No	Details of the applicant												
1	Full Name in English												
2	Full Name in Recognized official Language												1
3	Gender									ěć			
4 .	Address1(House Number/Village/Colony)				•								*5
5	Address 2(Village/Ward)												
6	Address 3(Gram Panchayat/Town)								-	-			
7	Address 4(District)			Т									
8	Address 5 (State)	TR	IPUI	RA		12	ы				Ť		(8)
9	Pin Code					T		1					11
10	Aadhar Number	П		ή	T	1	T	-		1 -	T		
11	Bank Account Number			7				1			9	T	
12	Bank Name							į	-	ਹਲ			
13	IFSC Code Number of Branch												
14	Academic year	\mathbf{I}							i.		-		
15	Institute(Full Name in English)									-			1544
16	Day Scholar/Hosteller									5			
17	State Amount in Rupees			1		4	Harr			147	of the state of	PLTP CARE	tat.
18	GOI Amount in Rupees			1				Vi	PE		1796.1	13-1	7 77.

19	Additional Allowances Rate per Month	
20	Additional Allowances Number of Month	
21	Group A to D	
22	Maintenance Rate per Month	
23	Maintenance Number of Month	
24	Thesis Typing Charge	
25:	Book Allowance	2 4
26	Non-Refundable Charges	2
27	Study Tour	
28	Institution Book Bank Grant	
29	Institution –Account Number	
30	Institution Bank Branch -IFSC Code	

Signature of the Student

Signature of the Head of the Institution

N.B: Column No.1 to 16 must be filled up by the student.