

# APPLICATION FORM FOR SANCTION OF POST MATRIC SCHOLARSHIP FOR SC/OBC STUDENTS

### Part I

(To be filled by the student)

To. The Director Welfare for SCs & OBCs Department Government of Tripura.	Photo with signature of the student
Through	School/Colleg
Subject: - Application for sanction of "Post - I	Matric Scholarship" (fresh/Renewal)
Sir,	
A CONTRACTOR OF THE PARTY OF TH	-Matric Scholarship for the academic year 20
I would, therefore request you kindly to sa the aforesaid academic year.	2. nction "Post-Matric Scholarship" in favour of me f
## H	
Dated	Yours faithfully
Place	
	(Full Signature of the Applicant)
	Course Year
	Roll No.
	School Name

### (To be filled by the student)

1.		Full Name of the Student: (In Block Letters)	
2.		Father's / Mother's name:	
3.	(i)	Permanent Address of the student: (Attach a attest copy of the Permanent Resident Certificate)	wasterness of the state of the
	(ii)	Present address of the student:	
	(iii)	Contact No. of the student And Guardian: e-mail address of the student: (If any)	
	(iv)	Nationality of the Student:	
	(v)	Name and address of the institute with contact number, fax number, e-mail address:	
	(vi)	Bank account number of the student with name of Bank, Branch name and Branch IFSC code:	
	(vii)	Aadhar number of the student (UID):	
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)	
PH.	(ii)	Relation of the student with the	

	(iii)	Permanent Address of the Guardian:	
5.	(i)	Name and Address of the Local Guardian:	
	(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/OBC:	SC/OBC (Please strike out in applicable portion)
	(ii)	Name of the caste to which the applicant belongs:  (An attested copy of the cast certificate issued by the SDM to be enclosed)	
8.	(i)	Whether the applicant stayed in a hostel attached to school and if so the date of admission and name of hostel:	Yes/No
	(ii)	Whether the applicant attend the class from his own residence:	Yes/No
	(iii)	Approximate distance of the applicant's residence from the school:	In km
	(iv)	Whether the applicant stays in a hired accommodation used as a mess, If so the date from which he stays there:	
	(v)	Full address of the hired accommodation used as a mess:	
9.	(i)	Whether the father of the applicant is in any Govt. Non-Govt. service, if so his present basic pay	
		and total annual salary (Pl. Attach income certificate from DDO):	

	(ii)	Whether the mother of the applicant is in any Govt. Non-Govt. service, if so her present basic pay and total annual salary (Pl. Attach income certificate from DDO):	
	(iii)	If father of mother is not in any service the source of income of the applicants family and total annual income. (Income certificate from SDO/Dy. Collector to be attached):	
	(iv)	Number of children of the parent receiving scholarship:	
10.		Number of children of the parent receiving Pre-Matric Scholarship.	BASSICA DE PERSONANTA DE LA COMPANIONA DEL COMPANIONA DE LA COMPANIONA DE LA COMPANIONA DEL COMPANIONA DEL COMPANIONA DE LA COMPANIONA DEL COMPAN

Signature of the student

### List of Enclosure:

- 1. Attested copy of the Permanent Resident Certificate.
- 2. Attested copy the Nationality Certificate.
- 3. Attested copy of Student mark sheet.
- 4. Attested copy of Family income certificate.
- 5. One copy of passport size photograph of the student with signature.
- 6. A receipt In acknowledgement of the scholarship in previous years duly counter signed by the Head of The Department concern.

<u>Declaration No. - I</u>
(To be signed by the Student in the presence of gazetted officer)

I Sri	S/O
	P/S
belief and in case any of refn to the Government to	In that the particulars given in Part-II of this form are true to the best of my knowledge and the particulars furnished is found to be false at any subsequent state, I shall be bound to be entire amount of Post-Matric Scholarship paid to me either in lump sum or in installment rity may direct. I shall also be liable to other actions which the college / school authority
Dated: Place:	(Signature of the applicant in Presence of gazetted officer)
	Declaration No II
(To be	e signed by the father mother guardian in presence of gazetted officer)
affirm that I have person they are true to the best of form is found to be false for Post-Matric Scholar	S/O
Dated: Place: I certify that Sri	(Signature of the father / mother / guardian of the Applicant in presence of a Gazetted officer)
has	
signed the above declara	ation in my presence.
- Carolina	Account to the contract of the
	(Signature name and seal

of the gazetted officer)

<u>PART - IV</u> (To be filled by the Head of Institution)

1.	The applicant Sri/Smt							
	Passed the last examination and obtained		% marks as per particulars given at column No-6.					
2.	The applicant belongs to SC/OBC is applicable only for the students as per particulars given at column 7.							
3.	The annual family income of the applicant is Rs(Rupees							
		only as	per particulars given at column No-8.					
4.	(i) The applicant stays in hotel mess as p	per column No-	8.					
	(ii) The distance of the applicant's permain kms.	nent residence f	rom the Educational Institution, it is approximately					
5.	As hosteller pursuing study incase may be)		group (mention Group A, B, C, D and E as the					
6.	the authority along with indicate vide ord	ler No	/CBSE/ICSE etc. If so should mention the name of					
	(Attached affiliation copy with the applicat	tion)						
Na	me of Class:		RSHIP ARE BEING SOUGHT					
Du	ration of study:							
Ac	ademic Year:							
	al Annual Fee & Other charges in Rs:							
	licable)	ary iee, examin	ation fee etc. Other than refundable deposits if any					
	Sl. No.	Item	Annual fee					
_	Transitive business of the last or recovering the be							
-								
-		3						
-								
T	otal							

(Please strike out inapplicable column)

(Signature of the Head of the Institution)

### <u>FORM - 2</u> For Digitization

## Post-Matric Scholarship for OBCs

1.	Full Name In English															
2.	Full Name in Recognized Official Language															
3.	Gender															
4.	Address 1 (House Number/Village/ Colony)			1 1												
5.	Address 2 (Village/Ward)															
6.	Address 3 (Gram Panchayet/Town)										: x					
7.	Address 4 (District)														7	
8.	Address 5 (State)	T	RII	PUI	RA			¥								
9.	Pin code															
10.	Aadhar No.											, a				
11.	Account Number															
12.	Bank Name															
13.	IFSC code of Branch															
14.	Academic Year											-				
15.	Institute (Full Name in English)											'n				
16.	State Amount in Rupees													5		
17.	GOI Amount in Rupees					1 - 3	į.		F10	gree (						
18.	Day Scholar/Hosteller	l q														
19.	Additional Allowances Rate Per Month									*						, FT
20.	Additional Allowances Number of Month															
21.	Group A to D												9			

22.	Maintenance Rate Per Month	
23.	Maintenance Number of Month	
24.	Thesis Typing Charge	
25.	Book Allowance	Property of the second
26.	Non Refundable Charges	
27.	Study Tour	

Signature of the student

Signature of the Head of the Institution

N.B: Column 1 to 15 must be filled up by the Student.