POST MATRIC SCHOLARSHIP FORMAT - 1

Government of Jharkhand Welfare Department

Application for the Grant of Post Matric Scholarship

FOR OFFICIAL USE ONLY SI. No. of application Year Course Whether approved [To be filled up by the applicant] Affix a self-Fresh or Renewal attested passport size Student ID No. photograph (In case of online submitted renewal applications) **Full Name (In block letters):** First Name Middle Name Sur- Name 2. Father's Name/Husband's Name: 3. Mother's Name: **Domicile State:** 5. Address for correspondence: House No./Mohalla/ Tola/Street Block No. City/Town/Vill. & PO

District State Pin

6.	Perma	anent	aaar	ess ((piea	se e	encio	se re	eside	ntial	certi	ncat	e iro	m co	ncer	nea	state)			
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	(Tick	ın app	propr	ate	e box)															
9.1	Occi	patio	n of p	oare	ents /	gua	ardia	ns:													
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	9.2	Post/	Desig	nat	ion o	f Pa	arent	ts/G	uard	ian :											
	9.3	Nome	f (re:		41. C	11 a	J J	.aa (: .	la	iah a										
	9.3	Nam	e or c	ли	se wi	UI I	un a	uare	ess (II	u wn	ich e	mpic	yeu)	•	• • • • • •	• • • • •	••••	• • • • • •	• • • • •		
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10.	Detai	ls of c	ourse	e foi	r whi	ch s	schol	larsl	nip is	bein	ıg soı	ught	:								
	(i)	Nam	e of t	he t	techn	ica	l/pro	fess	ional	/Oth	er D	egre	e or c	liplo	ma c	ours	e:				
	(ii)	Nan	ne of	the	bran	ch .	/ trac	de (i	f app	olical	ole):										
	(iii)	Dat	e of A	\d m	issio	n (i	n DI)/M]	M/Y	YYY	:							•••			
	(iv)	Du	ratio	n of	cour	se:															
	(v)	Aca	adem	ic y	ear:																
11.	Detai Name (i)	of th Add	_	lege of c	/insti olleg	tuti e/in	ion w stitu	tion			d:										
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	(iii)	Telep	hone	No.	:				_												

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- (v) E-mail address:
- (vi) Is the college/institution recognized? If so, name the authority which has recognized the institution.
- (vii) To which university it is affiliated (does it have deemed university status)

12.	For	Renewal	of	schol	larsh	ip:
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Name of examination passed	Year	Marks obtained	Full Marks	% of marks% of attendence	

13.	Total Annual	course fee:	Rs
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(Course fee including tuition fee, examination fee etc. other than refundable deposits which should be verified and certified by the relevant authority)

S1. N	lo.	Item	Annual fee
1			
2			
1 2 3 4 5 6			
4			
5			
6			
		Total	
	(Tick In cas	cholar or hosteller: Day Scholar Hoin appropriate box) se Hosteller, Name & address of Hostel:	
14.2 15.	Detai	e of admission in the hostel (in DD/MM/YYYY): Is of bank account of the student: datory for Electronic Transfer)	
	(i)	Name of the student (as in the bank account)	
	(ii)	Name of the Bank	
		State District	
	(iii)	Branch IES Code Number	

	(iv)	CBS Bank A/c No.
		(In words)
4.0	(v)	enclose a photocopy of first page of passbook in which IFS code as intimated by the bank is mentioned.
16.	Ann	ual income of parents / guardian of the students: Rs
guar	by the	cimen form of declaration of annual income is given in the application form which is to be a parents/guardian of the students and enclosed along with the application. In case parents/ re employed, income certificate f rom the employer may also be enclosed in case of their employed an affidavit to be enclosed.)
17.	Docu	ments enclosed with the application:
	As p	er documents required in Para -3 of the guidelines (details)
18.	Dec	laration:
	(i)	I hereby declare that the information given above is correct to the best of my knowledge and belief.
	(ii)	I am not availing any other scholarship for this purpose from any other source.
	(iii)	I shall abide by the terms and conditions for sanctio n of the Post-Matric Scholarship.
	(iv)	I undertake, that if at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false or if I violate the terms and conditions of the scholarship, the scholarship sanctioned to me, may be cancelled and the entire amount of scholarship will be refunded by me or recovered from me, apart from liability for such penal action a warranted by law.
		Signature of the candidate
	Plac	e:
	Date	: :

19. Verification/information to be furnished by the Head of Institution/School/College:

19.1	For	Fresh	Ap	plication
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20.

It is certified that the information filled in the above mentioned columns by Mr./Ms. S/o, D/oW/o. Mr	
Institution/college/school is correct, He/She/is a hostler/day scholar of college/school/institutions (strike off whichever is not applicable)	the
19.2 For Renewal Application	
For Renewal of Scholarship:	
It is certified that the above mentioned student has passed the examination	
(academic year) and has attained	ed
% of marks.	
It is also certified that the student has not changed the course of study and/ or the institut	ion
of the study for which the scholarship was originally awarded/has changed the course	of
study and/or institution with prior approval of the state government (please strike out wh	iich
is not applicable)	
It is further certified that the applicant is not availing an y other stipend for this purpose fi	rom
any other source.	
Details of bank account of the Institution/College/School (For deposit of course fee):	
(Mandatory for Electronic Transfer)	
20.1 Name of the institution/college/school (as in the bank accounts)	
20.2 Bank Branch	
(Full Address)	•••
State District Pin	•••
20.3 Institutions Bank Account Number (CBS A/c No.)	•••
(In words)
20.4 Type of Bank Account (Saving/Current)	
20.5 IFSC code of Bank	
Signature of head of the institution / colle	ege
Date: With official seal	=
Place	

Appendix to the Application Form

DECLARATION OF PARENT'S / GUARDIAN'S INCOME

]	I(Parents/Guardian) of
:	studying in hereby declare that my annual (Name of
1	the institution/college/school) family income from all sources is Rs
	(in figure) Rupeesonly
((in words).
]	If any stage, it is found that the information given by me is false / not true, all benefits given to
1	the student under the scheme of "Post-Matric Scholarship for students belonging to
;	ST/SC/OBC communities" could be withdrawn and legal action as deemed fit, may be taken
;	against me or my ward.
	Signature
Date:	
	(Father /Mother/Fuardian) Residential Address