

**GOVERNMENT OF INDIA
MINISTRY OF MINORITY AFFAIRS
MERIT-CUM-MEANS BASED SHOLARSHIP
APPLICATION FORM FOR RENEWAL(नवीनीकरण)**

FOR OFFICE USE ONLY

Sl. No. of application	Year	Course	Whether approved

6. Full name (in block letters)

Surname																				
First Name																				
Middle Name																				

Affix a self
attested
passport
size
Photograph

2. Father's name:

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3. Mother's Name:

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4. Address for correspondence:

Name																				
House No.																				
Mohalla/Street																				
City/Town/Village & P.O.																				
District State																				
Pin Code																				
Telephone no. Including mobile number, if any.																				
E-mail id. If any.																				

5. Permanent Address.

Name																				
House no.																				
Mohalla/Street																				
City/Town/Village & P.O.																				
District																				
State																				
Pin Code																				
Telephone no., Including Mobile No., if any.																				
E-mail ID, if any																				

6. Gender Male Female (tick which is applicable)

7. Date of Birth (Please enclose certificate)

D	D		M	M		Y	Y	Y	Y

8. Mention eligible Religions

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9. Details of educational qualification from matriculations/SSLC/SSC Onwards

(Please enclose copies of certificates attested by a gazetted officer) Latest Exam First

Examination Type	Examination Passed	University / Board/ Institute / council of Examination	Main Subject	Year of passing	Percentage marks	Division / Class / Grade

10. Details of course for which scholarship is being sought:

(xii) Name of class:

(xiii) Duration of class: (xiv)

Academic year:

(xv) Class last attended/academic year: Total Marks obtained and percentage in last examination:

(xvi) Type of course P.G. U.G.

(In case of student of class I, the income criterion only would be applicable)

11. Details of school/institute, including residential ones:

(i) Name of the school/institute where admitted:

(ii) Address of school/institute:

12. For renewal of the scholarship:

Name of examination passed	Year	Marks Obtained	Full marks	% of marks

13. Total Annual course fee: Rs.....
 (Break up of course such as admission fee, tuition fee, library fee, Examination fee, etc. other than refundable deposit)

SL No.	Item	Annual Fee
1		
2		
3		
4		
5		
Total		

14. Day Scholar or Hosteller

(i) Whether staying in the hostel run by the school/college/institute Yes No

Name of landlord														
Rent per Month														
Postal Address														
Telephone /Mobile														

15. Details of bank account of student:

- (i) Name of the Bank
- (ii) Bank Branch (full address) _____
- (iii) Bank Account Number _____
 (in words _____)

16. Annual Income of parent / guardian of the student: Rs. _____

(Declaration of annual income is to be given in the prescribed format given below and is to be signed by the parents / guardian of the student and enclosed along with the application. In case parents / guardian are employed, income certificate from the employer be enclosed).

17. Documents enclosed with the application

- (v) Self-attested passport size photograph with signature.
- (vi) Attested copies of certificates of educational qualification as mentioned up in Para 12.
- (iii) Income declaration – affidavit on non-judicial stamp paper worth Rs.10/- for self-employed parents/guardian or income certificate from the employer for employed parents/guardian.
- (iv) Proof of permanent residence on non-judicial stamp paper worth Rs. 10/-.
- (v) Receipt in acknowledgment of scholarship in the previous year duly countersigned by the Head of the school/institute.
- (vi) Minority community declaration – affidavit on non-judicial stamp paper by Central government

18. Declaration:

- (i) I hereby declare that the information given above is correct.
- (ii) I am not availing any other scholarship for this purpose from any other source. (iii) I abide by the terms and condition for sanction of the Post- metric Scholarship.
- (iv) I undertake that if, at any state, it is found to the satisfaction of the sanctioning authority in the concerned State Government / Union Territory Administration 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 such penal action as warranted by law.

Date:
Place:

Signature of the student

Part- II [to be filled up by the Head of the school / college / institute]

19. Details of school / college institute including residential ones:

- l. Name of the school / college / institute where admitted:
- m. Address of school / college/ institute:
- n. Telephone no:
- o. Fax no:
- p. E-mail address:
- q. If a private institute, is the school / college / institute recognized? If so, the name of authority which has recognized it:

20. Verification / information to be furnished by the Head of School/college/institute.

- r. it is certified that the information filled in the above mentioned columns by Shri / Kumari _____ s/o, d/o Shri _____ who is admitted in _____ course for the academic session _____ in _____ school / college / institute.
- s. He / she is a hosteller / day scholar of the school / college / institute.
OR
- t. He/She is a fresher admitted in the school for academic year _____ OR He/She has been promoted from _____ to _____ in the academic year _____

21. Details of bank account of school/college/institute (For deposit of course fee):

- u. Name of the payee (as in the bank accounts)
- v. Name of the Bank
- w. Bank Branch (full address) _____ -
_____ State _____ District _____ Pin. _____
- x. Bank Account Number _____
(In words _____)

Date:
Place:

Signature of Head of the school /college/institute with official seal

DECLARATION OF PARENT'S / GUARDIAN'S INCOME
(Specimen)

I(parent / Guardian) of
.....(Name of student) who is studying in sources
is Rs.....(in figures)
Rupees only (in words.)

If any state, it is found that the information given by me is false/ not true, all benefits given to the student under the scheme of "Post-metric scholarship for students belonging to minority communities" could be withdrawn and legal action as deemed fit, may be taken against me or my ward.

Date:
Residential Address

Signature
(Father / Mother / Guardian)
(स्नसथा का नाम एवं पूरा पता लिखना आवश्यक है)