

**SCHEME OF MERIT CUM MEANS SCHOLARSHIP FOR
STUDENT BELONGING TO THE MINORITY COMMUNITIES
MP Domicile only**

FORMAT OF APPLICATION OF FRESH (नवीन) STUDENTS

Affix a self attested passport size

Sl. No. of application	Year	Course	Whether approved

Part – I [To be filled up by applicant.]

1. Full name (in block letters)

Surname																				
First Name																				
Middle Name																				

2. Father's name:

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3. other'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. Address of the parents.

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. Date Of Birth

D	D		M	M		Y	Y	Y	Y

7. Gender Male Female (tick which is applicable)

8. Religion:

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

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

As appearing for P.G. your candidature will be considered on the basis of good. Y. if for great it will be consider

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:

- Name of class/Course:
- Duration of class/course:
- Academic year:
- Class/Course last attended / academic year:

11. Details of School College/ institute, including residential ones:

- Name of the school / college / institute, including residential ones:
- Address of school / college / institute:

12. Total Annual course fee:

(Break up of course fee such as tuition fee, library fee, examination fee etc. other than refundable deposits)

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

13. Day Scholar or Hosteller:

- (i) Hostel (ii) College Hostel
- (iii) Paying Guest (IV) Day Scholar

Name of landlord																				
Rent Per Month																				
Full Postal Address																				
Piccode																				
Telephone /Mobile no. of landlord.																				

14. Details of bank account of student:

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

15. 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).

16. Documents enclosed with the application

- (i) Self-attested passport size photograph with signature.
- (ii) Attested copies of certificates of educational qualification as mentioned up in Para 9.
- (iii) Income declaration – affidavit on non-judicial stamp paper for self-employed parents / guardian or income certificate from the employer for employed parents / guardian.
- (iv) Proof of permanent residence.
- (v) Minority community declaration – affidavit on non- judicial stamp paper by the student that he/she belongs to any one of the minority communities notified by Central Government

17. 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 shall 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]

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

- a. Name of the school / college / institute where admitted:
- b. Address of school / college/ institute:
- c. Telephone no:
- d. Fax no:
- e. E-mail address:
- f. If a private institute, is the school / college / institute recognized? If so, the name of authority which has recognized it:

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

- a. 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.
- b. He / she is a hosteller / day scholar of the school / college / institute.
OR
- c. He/She is a fresher admitted in the school for academic year_____ OR
He/She has been promoted from _____to _____in the academic year_____

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

- d. Name of the payee (as in the bank accounts)
- e. Name of the Bank
- f. Bank Branch (full address)_____ -
_____State_____District_____Pin._____
- g. Branch Code number
- h. Bank Account Number_____ (in words_____)
- i. Type of bank Account_____Saving / Current j. MI
CR code of the Bank_____
- k. Mode of Electronic transfer available in the Bank – ECA /
RTGS / NEFT / CBS / code number (if any):-

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)
(स्वस्था का नाम एवं पता लिखना आवश्यक है)