

CHANDIGARH ADMINISTRATION
DIRECTOR SOCIAL WELFARE



Scholarship for the Disabled

Application must reach the Director Social Welfare/ District Education Officer, U.T., within the prescribed time.

PART-1

(To be filled in by the candidate)

1.	Name in full : Shri/Smt./Km. (in block letters)	:			
2.	Postal address to which communication should be sent.	:			
3.	a) Are you citizen of India? b) Whether Scheduled Caste/ Tribe/ OBC.	:			
4.	Date of birth (in Christian era)	:			
5.	Name and address of the parents/ guardian and relationship of the guardian with the applicant.	:	Name of parent/guardian _____ Profession..... Address Relationship of guardian.....		
6.	Total monthly income of both the parents/ guardian.	:			
7.	Please state if you are earning an income. If yes, please indicate- (i) The source (ii) The monthly amount	:	Yes/No		
8.(a)	Particulars of all examinations passed (commencing with the middle or equivalent examination):				
	Name of	Year	Subject taken	Name of institution	Name of Board/ University
8(b)	Percentage of marks obtained in the last examination passed (in the case of examination in music, Indicate division obtained))	:			

9.	Have you ever received scholarship under the scheme? If yes, indicate (i) the course/stage of study (ii) period for which scholarship was paid; (iii) Sanction/ Reference No.	:	Yes/No
10.	Please state whether you have undergone any training course at any training centre for adult blind/ deaf approved by the Central/ State Government.	:	
11(i)	Course of study for which scholarship is now desired.	:	
(ii)	Date of commencement of the course.	:	
(iii)	Appropriate date of terminatin of the course.	:	
(iv)	Date of joining the present standard in the course during the current academic year.		
12.	For Visually Handicapped . Have you engaged a reader? If yes, please indicate- (i) Amount paid per month: (ii) Date of engagement	:	
13.	Are you receiving free books/ Stationery boarding/ lodging.	:	
14.	Document attached: (i) (ii) (iii) (iv) (v)		

I hereby declare-

(i) that I shall not accept emoluments, scholarship, stipend, or any other assistance or grant in any other form whatsoever, except exemption for tuition fee, from any other course during the tenure of Scholarship if awarded to me under the above scheme.

OR

That I am in receipt of assistance to the tune of Rs..... from and in the event of award of scholarship. I undertake to refund it from the month of scholarship is payable to me, to the source from where I have received, and that during the tenure of scholarship, if awarded, I shall not receive any other financial assistance, emoluments, scholarships, stipend or any grant in any form whatsoever, except the exemption from payment of fees.

(ii) That the statement made in the applications are true to the best of my knowledge and belief and that no material information having a bearing on selection has been concealed or withheld.

Counter signature of
Gazeted Officer of
Central/ State Govt./
M.P./M.L.A./Magistrate/
Head of the Institution.

Signature of the Candidate

Place:
Date:

Counter signature of the
guardian in case
candidate is minor.

PART-II

(To be filled in by the head of the Institution)

1.(a)	Is the candidate enjoying free board and/or any other concession in kind from any other source?	:	
(b)	If so, indicate the monthly amount equivalent to the concession.		
2.	Is the candidate residing in a hostel attached to School/ College/ Establishment? If so, date from which residing.	:	
3.(a)	Details of the nearest branch of Reserve Bank of India/ or State Bank of India or a Subsidiary Bank affiliated to State Bank of India where Government business is transacted.		
(b)	The designation of an Officer in whose favour demand draft may be remitted.		
4.	For Orthopaedically Handicapped:		
(i)(a)	Is the candidate using any prosthetic appliance (s) and aid needed?		
(b)	If so, please indicate the nature of appliance(s) used.		
(ii)(a)	Is the candidate using special transport to and from the institution?	:	
(b)	If so, please indicate clearing the mode of transport and the approximate distance travelled daily.	:	
5.	For Visually Handicapped-		
	Has the candidate engaged a Reader? If so, the monthly amount paid to him/her and the date from which engaged.		

Certified that---

- (i) The information given by the applicant in Part-I has been checked and found correct.
- (ii) This institution is affiliated to the University of by Government of and the course of study/ training is recognised by the University/ Government.

Signature of the Head of the Institution

No.

Name
(in block letters)

Place:

Designation.....

Date:

Address.....

PIN
(Seal of the Head of Institution)