

Annexure-I
APPLICATION FORM
(BANISHREE- A Scheme of Scholarship for Physically Challenged Students)
(To be filled in by the candidate)

For the Year.....

1. Name in full
(In Block Letter).....
2. Address.....
Village/Ward.....P.S.....G.P.....
.....
Block/NAC/Municipality.....
District.....
3. Category of Disability :OH/HH/VH/MR/CP/OTHERS
(Pl. Tick whichever is applicable) (√)
4. Are you a citizen of India ? (Pl. tick) (√) :Yes/No
5. Whether Scheduled Caste/Tribe/OBC/General
(Pl. mention) :
6. Male/ Female (Pl. mention) :
7. Date of Birth (Pl. mention) :
8. Name and address of the father/mother/guardian
.....
.....
.....
9. (a) Relationship with the guardian (if applicable) :
(b) Total monthly income of the parents/guardian:
10. Nature of scholarship (pl. tick) (√) : (fresh/renewal)
11. (a) Have you ever received Scholarship
under any other scheme (pl. tick) (√) :Yes/No
(b) If yes, indicate:
(i) Class in which you received the scholarship :
(ii) Period for which you received such scholarship :

12. Mention:
- (a) Class for which I am applying for scholarship:
 - (b) Academic year of such class :
 - (c) Date on which you got admission :
13. (a) If you are visually challenged student, indicate of you have engaged a reader ? (pl. tick) (√) :Yes/No
- (b) If you are Orthopedically Handicapped Student being 75% and above disability indicate mode of transport :
14. Documents attached:
- (i) Disability Certificate (Pl. tick) (√) : Yes/No
 - (ii) Mark sheet of last Exam. Passed (Pl. tick) (√) : Yes/No

I declare that I have not received (not receiving) any other financial assistance from State/Central Government.

Signature of the student

Date.....

Place.....

(To be filled in by Head of Schools/Colleges/Educational Institutions)

I certify that:

- The information furnished by the candidate (name.....
.....have been verified and found correct.
- The School/institutions in which the candidate is studying is Government/recognized private school/institutions (Pl. tick) (✓) whichever is applicable.
- The application is recommended.

Signature of Head of the School/Institution

Name.....

(in Block Letter)

Address.....

.....

.....

Date.....Place.....

Certificate:

(only in case of student who does not belong to BPL family) The parental/family income of the applicant is not more than Rs.60,000/- per annum.

Revenue Inspector
(Signature with seal)

(To be filled in by Sanctioning Authority)

I have verified the information as furnished by head of the school/institution. I hereby sanction Rs.....towards scholarship and Rs. towards Reader's allowance/mobility support, thus totaling to Rs. Sanction Order No..... Dated

Signature with seal of
BDO/Sub-Collector

