

APPLICATION FORM SCHOLARSHIP FOR THE HANDICAPPED STUDENTS

(CLASS-IX & ABOVE)

(To be submitted to the District Mass Education Extension Officer of the concerned district of the W.B.)

1. Name of the Applicant : _____
2. Father's Name : _____
3. Home Address in full : Vill. _____ P.O. _____
With Phone No./Mobile No. P.S. _____ Dist. _____
Phone No. _____
4. Whether Hosteller or Day Scholar : _____
5. Qualification :



Class	Name of the Institution	% of marks obtained in the final Examination	Date of joining the class	Date of leaving the class

(Copies of the Mark sheets to be enclosed)

6. Name of the nearest State Bank of India Branch or any Bank with address/Bank A/c No. of the applicant/Bank Code No./IFSC/CIF No. : _____
7. Name of the Institution which the applicant is studying at present : _____
 (a) Full address of the School/College : _____
 _____ Phone No. _____
8. Nature of disabilities of the applicant : _____
9. Percentage of disabilities of the applicant : _____
 (copy of the Handicapped Certificate to be enclosed)
10. Father's/Mother's/Guardian Occupation: _____
11. Monthly family income of the applicant : _____

Declaration : Certified that the above statement is true to the best of my knowledge.

signature of the Head of the Institution
with seal & date.

Declaration : Certified that the above statement is true to be best of my knowledge.

Signature of the Pradhan/BDO/Local Counciller/MP/MLA/Gazetted Officer certifying the total family income per month
With seal and date

Signature of the Applicant with date