

FROM OF APPLICATION FOR GOVT. SCHOLARSHIP FOR BLIND, DEAF & DUMB

AND ORTHOPEDICALLY HANDICAPPED STUDENT, Medical & Technical

To : The Director

Social Welfare, Assam, Guwahati-1

(Submitted through the Principal /Head of the Institution)

Photograph of
the applicant
showing
his/her
disability

Sir,

I beg to apply for a scholarship for Blind/Deaf & Dumb/Orthopedically

Handicapped Person.

The Course for which I Propose to study is- _____

for which I have joint _____ School/College/
University, PO: _____, Dist: Sonitpur. If I am
awarded a scholarship, I agree to abide by the rules Governing its awards. I Shall also inform
the Director Of Social Welfare, If, I Take any Other Scholarship so long as held the Present
Scholarship.

I, Further State that I am (1) Blind/ Deaf & Dumb/ Orthopedically
Handicapped, (2) the income of my Parents /Guardian is less than Rs.6,00,000 PA and (3) I am
the Student of Indian Citizen.

A Certificate from civil surgeon or Gazetted officer of the Assam Medical
Service will therefore be necessary to the application.

Yours Faithfully

(Signature of the Candidate)

Instruction to candidate to fill in the form:-

1. According to rule, a totally blind persons has been define as "(a) total absence of sight
(b) Visual acuity not exceeding 3/60 or 10 /200(Snellen) in the better eye with correcting
lense" And the Deaf are those in whom the Sense of hearing is nonfunctional for the ordinary
purpose of life. A Deaf & Dumb person is one who is Deaf as defined above does not have the
power of speech. An Orthopedically Handicapped person has been defined as " one who has
a Physical defect or deformity or has partially or totally lost any limb or the body thereby
causing an interference which normal functional of the bones, muscles and Joints".

A certificated form a Civil surgeon or Gazetted officer of the Assam Medical service
Will therefore be necessary to the effect that the candidate is Blind /Deaf &
Dumb/Orthopedically handicapped as defined in rule,2.

2. A declaration (in the attached at Appendix 'B' Should be filled in by the Parent/
Guardian of the candidate regarding his/her annual income). This declaration should
be attested by the head of the institution in which the candidate is studying or by some
responsible person such as Gazetted officer, Local MLA., president or the Gaon or Anchalik
panchayat.

3. If proof of the date of birth of the candidate is not available, a certificate stating the
approximate age of the candidate should be obtained from the Medical officer certifying the
date and should be attached to the applicant.

THE APPLICANTS PARTICULARS :-

1. Name of the applicant in full
(IN BLOCK LETTER)
2. Father's name (IN BLOCK LETTER)
3. Date of Birth (According to christian era.)
4. (a) The applicant's domicile
(b) Cast/Community (certificate to be
Furnished)
5. Present address
6. (a) Educational attainment reached at
The time of applying for scholarship.
(b) Hosteller/Non-Hosteller
7. Year in which the applicant first
Joined the school/College/Institution
Which he/she bow is reading and age
On 1st June of the year.
8. (a) Course of study for which he/she has
Joined the school/college/Institution
(b) Date of joining the course
9. (a) Date of commencing of the course
(b) Duration of the course
10. Place of Birth(Village/Mouza & District)
11. Full name and address of the school/-
College/Institution from which the
Applicant passed his/her last examination
Giving the village, Mouza, PO and District
Where the school/college/Institution is
Situatd.
12. Year in which passed the last examination
13. Marks obtained at the last examination
14. Whether at present holder of any other
Scholarship. If so, give details.
15. Whether suffering from any physically
Handicapped other than blindness or
Deafness or orthopaedically disability.

- 16. Parents or guardians :-
Name and full address

- 17. Domicile of parents or Guardian :-
Relation :-
Occupation :-
Annual income from all Sources :-

- 18. Personal bank Account number along with
Bank, Branch name with IFSC Code
(Xerox copy of pass Book for Bank account
Number, Branch,IFSC Code)

Date :-

(Signature of the applicant in full)

Certificate of the Principal /Headmaster of the institution in which the
Candidate is studying

I certify that Sri/Smti, _____ has

Joined the school/college/institution on _____ and has been a
bonafide student of my institution since the date.

My Institution is recognized by Assam state Govt. Vide (Quoted authority)

The date of his/her birth as enters in the school/College/institution Register is

My remarks regarding his/her progress conduct etc. are as under :-

- 1. Character :-
- 2. Ability :-
- 3. Regularity of attendance :-
- 4. Health :-
- 5. General recommendation :-

(Principal /Head Master of school/college/
Institution with seal and date)

APPENDIX - 'A'

Certificate to be signed by the Medical Officer Examining the candidate :-

(1) I, Civil Surgeon/Medical Officer _____

have examined Sri/Smti. _____ certify that he/she is so Blind as to perform any work for which eye sight is essential.

(2) I, Civil Surgeon/Medical Officer _____

have examined Sri/Smti. _____ certify that he/she is so Deaf that his/her sense of hearing is non-functional for the ordinary purpose of life.

(3) I, Civil Surgeon/Medical Officer _____

have examined Sri/Smti. _____ certify that he/she is so Deaf that his/her sense of hearing is non-functional for the ordinary purpose of life.

(4) I, Civil Surgeon/Medical Officer _____

have examined Sri/Smti. _____ certify that his/her orthopaedically condition as below extent and character of a limb if any _____ weakness of paralysis of any muscle

_____ nature and extent of disability :-
Is the disability accompanied by any pain and mental deficiency.

(5) I, further certify that Sri/Smti. _____ is physically and mentally fir apart from his/her orthopaedically disability to undertake studies. The orthopaedic disability is/is not of a nature as to interfere with his/her education in the normal manner.

His/her age is according to his/her own statement _____ years and by appearance about _____ year.

Place :- _____ Signature _____

Date :- _____ Designation _____

(This certificate is to be given where the candidate proof of his/her date of Birth.)

Appendix – 'B'

(Declaration of inform

Note :- I) The declaration must be required by the parent or guardian of each candidate. The principal/Head Master of the Institution will then forward it to the Director of Social Welfare along with the application. The parent or guardian must make a separate declaration for each candidate.

Note :- II) Each Declaration must be authenticated by Principal or some responsible persons such as Gazetted officer, Local MLA/MP or president of Anchalik Gaon Panchayat.

1) The details of age/scholarship received etc. Furnished by son/daughter/ward (name) Sri/Smti. _____ of _____ are correct. I declare that the above named of candidate my son/daughter ward.

2) I guardian/parent named Sri/Smti. _____ of the above candidate of village or town _____ of Mouza : _____ of Dist.: Sonitpur declare that my annual income from all source is not more than Rs. _____ and there are _____ members in the family dependent on me.

3) I also undertake to refund whatever amount by way of scholarship which my son/daughter ward has received on the strength of this statement made by me, if any income exceed prescribed by Govt. I aware that to make a false statement with regard to my income and thereby to claim a scholarship when the same is not admissible to my son/daughter/ward is an offence for which panel proceeding will be taken against me. If I agree that Govt. may recover the same from my property as arrear of land revenue.

(Signature or thumb Impression of the parent/guardian of the pupil)

ATTESTATION CERTIFICATE

I Sri/Smti. _____ of village or town

_____ of Mouza : _____ of

Dist. Sonitpur attested the declaration signature /thumb mark of the person above as having been in my presence.

Date :-

Place :-

Signature