

**GOVERNMENT OF MEGHALAYA  
DIRECTORATE OF SOCIAL WELFARE  
SHILLONG**

(Scholarship for the disabled)

Application form for fresh scholarship

Application must reach the office of the District Social Welfare Officer not later than \_\_\_\_\_

Paper – I

( To be filled in by the candidate)

1. Nature of the Physical Handicap:
2. Name in full ( in Block letters) Shri./ Km/Smti:
3. Postal Address to which communication should be sent:
4. (a) Are you are citizen of India?  
(b) District and State to which you belong  
(c.) Whether Schedule Caste/Tribes
5. Date of birth ( in Christian Era)
6. District and State to which you belong
7. Whether you are Scheduled Caste/Tribe
8. Date of Birth (in Christian Era)
9. Name & Address of the parents Name of the parents/Guardian  
Guardian and relationship of the Guardian \_\_\_\_\_  
With the applicant. Profession \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Relationship of Guardian  
\_\_\_\_\_
7. Total monthly income of both  
The Parents/Guardian; if yes  
Please indicate.
8. Please state if you are earning an income Yes/No  
The source  
The Monthly amount
9. a) Particulars of all examinations passed ( commencing with the middle or equivalent examination)

Name of Examination	Year	Subject taken	Name of institution	Name of Board/University
1	2	3	4	5

b) Percentage of marks obtained in the last examination passed ( in case of examination in music, indicate division obtained

10. Have you ever-received scholarship under the scheme if yes, indicate

1. The course/state or study
2. Period for which scholarship was paid
3. Sanction/reference no.

11. Please state whether you have under gone any training course for Adult Blind/Deaf approved by the Central/State Government.

12.

1. Course of study for which scholarship is now desired.
2. Date of commencement of the course
3. Approximate date of termination of the course
4. Date of joining the present standard in the course during the current academic year

13 For Blind

Have you engaged a reader?

If yes, please indicate

1. Amount paid per month
2. Date of engagement

14. documents attached

- 1.
- 2
- 3
- 4
- 5

I do hereby declare

(I) That I shall not accept emoluments, Scholarship, Stipend, or any other financial assistance or grant in any other form whatsoever, except exemption from tuition fees, from any other source during the tenure of the Government of India Scholarship if awarded to m under the above scheme.

Or that I am in receipt of assistance to the tune of Rs. \_\_\_\_\_ from \_\_\_\_\_ and in the event of

Contd....3/-

Award of Scholarship, I undertake to refund it from the month the scholarship is payable to me, to the source from where I have received it, 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 whatsoever, except the exemption from payment of fees.

- (II) that the Statement made in the Application are true to the best of knowledge and belief and that no material information having a bearing on selection has been concealed or withheld.

Signature of Candidate

Counter signature of  
Gazette Officer of  
Central/state Government/  
MP/MLA/ Magistrate/  
Head of the Institution

Counter signature of the  
Guardian in the case the  
Candidate is Minor

Place :

Date:

S.S.

Contd....4/-

(To be filled in by the Head of the institution)

1. a) Is the Candidate enjoying free board and /or lodging facility or any other concession in kind from any other source?  
b) If so, indicate the monthly amount equivalent to the concession.
2. a) Is the Candidate residing in any hostel attached to School/college/establishment? If so, date from which residing.
3. b) Details of the nearest branch of Reserve Bank of India/ State Bank Of India or a subsidiary Bank affiliated to the State Bank of India where govt. Business is transacted.  
b) The designation of the Officer in whose favour Demand Draft maybe remitted.
4. For Orthopaedically Handicapped:
  - I a) Is the candidate using any Prosthetic appliance (s) and Ais 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 clearly the mode of transport and approximate distance traveled daily

Contd....5/-

5. For Blind

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 \_\_\_\_\_ and/or recognised by the Government of \_\_\_\_\_ and the course of study training is recognised by the University/Government.

No.

Signature of the Head of the Institution

Place:

Name:  
( In Block Letters)

Date:

Designation

Address

PIN

(Seal of the Head of the Institution)

