"CHIEF MINISTERGI SHOTHARABASINGI TENGBANG"

APPLICATION FORMAT FOR SCHOLARSHIP OF STUDENTS WITH DISABILITIES

Name of the person with (in block letters)	disability :		nobsectivity, 448	Sieri Uri tilv and	Paste one		
2. Father/Mother/Guardian	Name :			lier tryst, and	Copy of the passport photograph.		
3. Address	ing to add a trans	on, best bostonsis	em galakus asalidara	n jak monigri	photograph.		
4. Date of birth	***. * ? :	a					
5. Gender	:	Male/ Female			Z. Daeuminus		
6. Family income (issued by competent au	: thority)						
7. Type & Degree of Disabil			200.530	entra e Messeria.	pyeli e . Sh		
8. For students applying till	Class X :	A COLUMN CONTRACTOR CO					
i. Name of Institut							
iii. Period applied for							
9. For students applying for	Class XI and abov	/e:	01/11.gu ****	g description of	97		
Name of examination	Year of passing	Subject Offered	Name of Institution	Name of Boa	rd/University		
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ii. Name of Acc	er/Mother/Guard Bank Branch ount Holder & relation with appl	lian/Care-taker :	ces : Yes/				
	•	Dadaasiaa	0				
I hereby declare that all the knowledge and belief. I un state or not satisfying the cancelled. I undertake to ab	derstand that in earlier eligibility criter	the event of any i ia according to tl	e true, correct, and conformation being four me requirements my	nd false or inc	orrect at any		
Dated: Place:							
. 14441	**************************************		Signature/thumb/	other imprint	of applicant		
-		Acknowledgement	Card				
Received an application for		14		h the required	documents		
from Shri/Smt			_				

"CIGER MINISTERGI SHOTHARABASINGI TENGBANG"

General Information for Applicants 103 MOTTAGES A

ste oge sy of the		entre et en plant et Yer Xeero (* 200 euro oudes ou	erson with disability:	
hoges	Students with Disability should by competent authority.	be a domicile of the S	tate & should possess disability co	
grack	All students with disabilities stud	dying in Standard- I a	nd above shall be eligible under th	ne scheme.
III.	Students with disability availing	scholarship under an	y other similar scheme from any s	ource will not
	be eligible under this scheme.	Female	\els\4	nehna).
Docum	ents to be enclosed:			
i	Disability Certificate (issued by the	he Competent Autho	rity). (vinadius instag	Family income
ii.	Two passport photographs.		Annual management of the second	pasueu us com . Type & Degree
III	Reading certificate from the Inst	itution.	and the second of the second o	aarkar se ariki :
iv.	Photocopy of Bank Passbook.		AF IN JOHN BY ALLEY AND	
v	20 TO 10	liment Number/ID C	ard issued by competent authority	ia emboure tot . /•
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i	The application for the first		egibly. The application form can I	Hi. Period
ii.	from the Department's website Offices and Bank Account should The duly filled-in application for	www.socialwelfare.n l be mandatory.	ic.in or collected from the District	Social Welfare
111	Officer concerned.		en man en ma Caparonna en Milla de man en man	
iii.	displayed on the notice heard of	neticiaries will be m	ade available in the Departmen	t's website or
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