

**"CHIEF MINISTERGI SHOTHARABASINGI TENGBANG"**

**APPLICATION FORMAT FOR SCHOLARSHIP OF STUDENTS WITH DISABILITIES**

1. Name of the person with disability : \_\_\_\_\_  
(in block letters)
2. Father/Mother/Guardian Name : \_\_\_\_\_
3. Address : \_\_\_\_\_
4. Date of birth : \_\_\_\_\_
5. Gender : Male/ Female
6. Family income : \_\_\_\_\_  
(issued by competent authority)
7. Type & Degree of Disability : \_\_\_\_\_
8. For students applying till Class X : \_\_\_\_\_
- i. Name of Institution : \_\_\_\_\_
- ii. Class : \_\_\_\_\_
- iii. Period applied for : \_\_\_\_\_
9. For students applying for Class XI and above: \_\_\_\_\_

Paste one  
Copy of the  
passport  
photograph.

Name of examination	Year of passing	Subject Offered	Name of Institution	Name of Board/University

10. Whether Disability Certificate is issued by the Competent Authority : Yes/ No  
If yes, Certificate No.:
11. Have you availed any other scholarship from any other sources : Yes/ No
12. Bank details of the Father/Mother/Guardian/Care-taker : \_\_\_\_\_
- i. Name of the Bank Branch : \_\_\_\_\_
- ii. Name of Account Holder & indicate the relation with applicant : \_\_\_\_\_
- iii. IFSC Code : \_\_\_\_\_
13. Proof of Identification : \_\_\_\_\_
14. Unique Disability ID (if available) : \_\_\_\_\_

**Declaration**

I hereby declare that all the statements mentioned above are true, correct, and complete to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any state or not satisfying the eligibility criteria according to the requirements my application is liable to be cancelled. I undertake to abide by the terms and conditions given by the Department.

Dated: \_\_\_\_\_  
Place: \_\_\_\_\_

Signature/thumb/other imprint of applicant

**Acknowledgement Card**

Received an application for **SCHOLARSHIP OF STUDENTS WITH DISABILITIES** along with the required documents from Shri/Smt..... vide R. R. No..... dated .....

Receiver



APPLICATION FOR THE DISABILITIES **General Information for Applicants**

**1. Eligibility Criteria:**

- i. Students with Disability should be a domicile of the State & should possess disability certificate issued by competent authority.
- ii. All students with disabilities studying in Standard- I and above shall be eligible under the scheme.
- iii. Students with disability availing scholarship under any other similar scheme from any source will not be eligible under this scheme.

**2. Documents to be enclosed:**

- i. Disability Certificate (issued by the Competent Authority).
- ii. Two passport photographs.
- iii. Reading certificate from the Institution.
- iv. Photocopy of Bank Passbook.
- v. Photocopy of Aadhar card/ Enrollment Number/ ID Card issued by competent authority.

**3. Points to be noted by the applicants:**

- i. The application form must be filled in accurately & legibly. The application form can be downloaded from the Department's website [www.socialwelfare.nic.in](http://www.socialwelfare.nic.in) or collected from the District Social Welfare Offices and Bank Account should be mandatory.
- ii. The duly filled-in application form should be submitted in the Office of the District Social Welfare Officer concerned.
- iii. The name of the selected beneficiaries will be made available in the Department's website or displayed on the notice board of the Directorate, Social Welfare/ District Social Welfare Offices.

10. Whether Disability Certificate is issued by the Competent Authority : Yes/ No

11. Have you availed any other scholarship from any other sources : Yes/ No

12. Bank details of the Father/Mother/Guardian/Care-taker

13. Proof of identification

14. Unique Disability ID (if available)

**Declaration**

I hereby declare that all the statements mentioned above are true, correct, and complete to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any state or not satisfying the eligibility criteria according to the requirements my application is liable to be cancelled, undertake to abide by the terms and conditions given by the Department.

Date: \_\_\_\_\_  
Place: \_\_\_\_\_  
Signature/Thumb/Other Imprint of Applicant: \_\_\_\_\_

**Acknowledgement Card**

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Receiver