



GOVERNMENT OF HARYANA

WELFARE OF SCHEDULED CASTES AND BACKWARD CLASSES DEPARTMENT

APPLICATION FORM FOR POST MATRIC SCHOLARSHIP TO SCHEDULED CASTES &
OTHER BACKWARD CLASSES FOR THE YEAR

20

The candidates are advised to submit their application to the
Principal concerned of their institution not later than last date of submission.

**Government of India Scheme of
Post Matric Scholarship for Scheduled Castes &
Other Backward Classes
PART - A**

Passport size Photograph
with Signature of Candidate
attested by HOD/Principal

1. Name in full (in Block letters) :

Shri/Shrimati/Kumari

2. Father's/Husband's name :

3. Nationality :

4. Caste/Sub-Caste

State Where permanently settled :

UID/EID No.

District

State

Full Address

E-mail Address

Mobile/Phone No.

Name and address of the guardian and relationship with applicant :

Name

Relationship

Address

5. Name of the institution where student is studying

(a) Year of Admission

(b) Course/Trade

(c) Class/Semester

(d) Tuition Fees Paid

Name of Course/Class/Semester	Actual Tuition fees paid	Fixed by State Fee Committee

(e) Other charges paid as per State Fee Committee (attach the detail of fee structure)

Item	Actual other charges paid	Fixed by State Fee Committee

Hostel Charges, if applicable.

Actual Hostel Charges Paid	As per Scheme given by Govt.
Lodging	
Boarding	

(vi) Result of Examination Passed.

Session		3		
% of Marks obtained				

Signature of Applicant

**Signature of HOD / Principal
(with Seal)**

11. (i) I/we hereby declare that I/we have read the regulations of the scheme and agree to abide by the terms and conditions of the award. I/we certify that the statements made in the application are correct and if any of them is found to be incorrect by the authority whose decision will be final and binding on me/us. I/we undertake to refund to the said authority on demand the entire amount of scholarship received by me/us or over paid to me/us failing which the said authority may recover the amount from me/us through whatever means it deem proper. That I have not claimed the benefit from any other schemes.

(ii) I/we further undertake that his/her application is being submitted for the above scholarship for first time for the present class.

Date :

(i) (a) Signature of applicant

Place :

(ii) (a) Signature/left/right hand thumb
Impression of the parents/guardians.

PART-B

(To be filled by the Head of Institution)

Certified that:

- (i) Information given by the applicant in Part-A has been checked and found correct/has been corrected in red-ink.
- (ii) The course in which the applicant is studying in this Institution is a post matric one.
- (iii) This Institution is affiliated to _____ University/Board and is recognized by the _____ Government of India/State Government _____ that applicant is studying _____ course in this Institution and the minimum qualification required for admission to that course is a pass in the _____ examination.
- (iv) _____ Certified that no eligible student studying in the institution is left out of grant of scholarship and this list may be treated as final.
- (v) Certified that the scholarship for the stipend holder named above have been regular in attendance and have confirmed to the rules under which their scholarship of their stipend are granted.
- (vi) Certified that the eligibility of the student have been rechecked discrepancy is noticed/ discrepancy noticed has been reported to the department *vide* letter No. _____ dated _____

I undertake that the scholarship amount in respect of the applicant if and when placed at my disposal will be disbursed by me for the specific purposes for which it is given and the accounts will be regularly rendered to the authority which awarded the scholarship. In case the applicant leaves/migrate the institution or otherwise discontinues the studies or accepts any other regular scholarship/stipend the facts will be immediately reported to the said authority and payment of scholarship to the applicant will also be discontinued. The undisbursed amount lying with the Institution on account of maintenance charges fees etc. will also be refunded to the Government account No. _____

Place _____

Date _____

Signature of the Head of Institution

Name in capital letters

Designation _____

Address _____

(Seal of the Institution)

Check list of Document attached :

- | | |
|---|-------|
| i. Caste/Tribes and Income Certificate | _____ |
| ii. Income Declaration/Certificate | _____ |
| iii. Attested Copies of Marks Sheet/Certificate | _____ |
| iv. Hostel Certificate from the Warden concerned
(Applicable only to scheduled caste candidates) | _____ |
| v. Attested Copy of Ration Card | _____ |
| vi. Attested Copy of Domicile Certificate | _____ |
| vii. Copy of receipt of tuition fee/other charges | _____ |

NOTE :

The students of all reserved categories are being informed that they must fill are the coloumns of the scheduled form meticulously. In case the form is rejected by the Govt./ Agencies by any reason, the college will not be responsible for the same.