

APPLICATION FORM

(BANISHREE - A Scheme of Scholarship for
Physically Challenged Students)
(To be filled in by the candidate)

For the Year.....

1. Name in full
(In Block letter).....
Mobile :
2. Address.....
Village/Ward..... P.S.....
G.P..... District.....
Block/NAC/Municipality.....
3. Category of Disability : OH/HH/VH/MR/CP
(Pl. Tick whichever is applicable) (✓)
4. Are you a citizen of India ? (Pl. tick) (✓) : Yes/ No
5. Whether Scheduled Caste/Tribe/OBC/General :
(Pl. Mention)
6. Male/Female (Pl. Mention)
7. Date of Birth (Pl. Mention)
8. Name and address of the father / mother/ guardian
9. (a) Relationship with the guardian (if applicable) :
(b) Total monthly income of the parents / guardian :
10. Nature of scholarship(Pl. tick) (✓) : (fresh/renewal)
11. (a) Have you ever received Scholarship under any :
other scheme. (Pl. tick) (✓) : Yes/No
(b) If Yes, indicates :
(i) Class in which you received such scholarship :
(ii) Period for which you received such scholarship :
12. Mention :
(a) Class for which I am applying for scholarship :
(b) Academic year of such class :
(c) Date on which you got admission :
13. (a) If you are visually challenged student, indicate :
If you have engaged a reader ? (Pl. tick) (✓) : Yes/No
(b) If you are orthopardically handicapped student :
being 75% and above disability indicate the :
mode of transport.
14. Document attached :
(i) Income Certificate / copy of BPL Card (Pl. tick) (✓) : Yes/No
(ii) Disability Certificate (Pl. tick) (✓) : Yes/No
(iii) Mark-sheet of last Exam. passed. (Pl. tick) (✓) : Yes/No.

I declare that I have not received (not receiving) any other financial assistance State/Central Govt.

Signature of the Student

Date

Place

(To be filled in by Head of Schools/Colleges/ Educational Institutions)

1. I Certify that :

*The information furnished by the candidate (name
.....) have been verified & found correct.

*The school/Institutions in which the candidate is studying in
Government/recognized private school/Institutions (Pl. tick) (✓) Whichever is applicable.

*The application is recommended.

Signature of Head of the School/Institution
Name
(in block)

Address
.....
.....

Date Place

(To be filled in by Sanctioning Authority)

I have verified the informations as furnished by head of the school/Institution. I hereby sanction
Rs. towards scholarship and Rs.....towards
Reader's allowance/mobility support, thus totaling to Rs.....
Sanction order No. /Date.....

**Signature with seal of
BDO/Sub-Collector**