

FOR USE OF THE AWARDING AUTHORITY ONLY

Code No.

(1) Academic Session: 2017-2018 (2) Class: (3) I/II/III/IV/V Year:

(4) Period: From to

(5) Rate of Maintenance Allowance: (i) Hosteller/Day Scholar = Rs x months = Rs.

(ii) Non-refundable Fees = Rs.

(iii) Total [(i) + (ii)] = Rs.

ACCEPTED	REJECTED

Reason(s) for rejection: (1) Incomplete entries (2) wrong entries (3) excess income ceiling (4) double apply (5) absence of certificate (6) absence of applicant's head of institution's signature (7) doubtful handwriting of the applicant (8) doubtful or old passport photograph.

Signature of Dealing Assistant

Signature of Scheme Officer

PART - B

(To be filled in by the school authority only)

1. Certified that the applicant is actually enrolled in this school with effect from and studying in **Class** Section Roll No for the academic session of 2017-2018 under admission No.
2. The duration for completion of the whole class is from/...../20..... to/...../20..... .
3. The school is affiliated to Board of
(A copy of affiliation order/letter is to be submitted.)
4. If it is a Govt. Institution, specify name of the State :
5. If it is not a Govt. Institution, specify Recognition No. under Govt. of
(A copy of recognition order/letter is to be submitted.)

Date :

Place :

Signature of the school authority

Name in BLOCK LETTERS: ()

Designation with Seal :

Fax no. :

E-mail Address :

Website Address :

Telephone No(s). : (STD Code _____) _____

(School Round Seal)

Full Postal Address of the Institution with Pin Code : _____

Note: (1) Stamped signature will not be accepted. (2) Official seal of the head of the institution, round seal of the institution, telephone No. and address with Pin Code No. are compulsory. (3) Full postal address should be clearly indicated for correspondence. (4) The application form will be rejected if found incomplete or filled in Part-B by the applicant. (5) **The application form will also be rejected if full address & particulars of the institution as given above are not clearly indicated.**

INSTRUCTIONS FOR FILLING UP OF THIS APPLICATION FORM

1. This form is only for Class X applicant only.
2. **TO BE ENCLOSED/ATTACHED WITH THIS APPLICATION FORM:**
 - (a) Self attested copy of *Mark Sheet* as at Sl. No. 5.
 - (b) *Income Certificate* of father/mother/guardian ending 31st March, 2017 in original issued by the competent authorities i.e. employer (if employed)/executive magistrates. The present income ceiling for entitlement of the scheme as prescribed by the sponsoring Ministry is Rs. 2,00,000/- per annum.
 - (c) *Scheduled Caste Certificate* of the applicant issued by the competent authorities/ executive magistrates (original copy).
 - (d) *Certificate* in support of claim as *Hosteller*, issued by the warden of the hostel as at Sl. No. 3 (k) of Part – A
(The certificate must be countersigned by the head of the institution if not run by the institution).
 - (f) Self attested copy of *Aadhaar Card*.
 - (g) A copy of the first page portion of the Bank Passbook/Bank Statement wherein account number, IFSC code, etc. are visible should also be attached in the application form.
- N.B.:
 - (i) Enclosed documents will not be returned.
 - (ii) The awarding authority may demand original documents for verification if required.
 - (iii) The Directorate will not be responsible for any loss of application form or documents.
3. Direct individual submission of this application form will not be accepted in case of students studying inside the State.
4. **The last date of receipt of the Application Form in this office is 30th November, 2017.** After the last date of submission of form, no form shall be accepted.
5. It will be the responsibility of the concerned institution for not awarding scholarship if forwarded this Form after the prescribed last date of submission.
6. Payment will be made electronically by transferring into the respective bank account of the applicant, so each applicant is required to open a bank account in his/her own name or joint account and should compulsorily furnish his/her bank account details neat & clearly in the Annexures – I attached herewith with this form.
7. The decision of the awarding authority is final.

AUTHORIZATION LETTER

I, _____ would like to receive the scholarships disbursed by the Department of Other Backward Classes & Scheduled Castes Development, Manipur in my Bank account electronically as per details given below: *(To be filled-in neat & clear. Department of Other Backward Classes & Scheduled Castes Development, Manipur will not be responsible if the Scholarship amount is transferred to someone else's account due to incorrect or unclear filling of the Bank Account details).*

1.	Name of the payee as in bank account (in BLOCK LETTERS)	
2.	Address	
3.	Mobile Number.	
4.	Fax No. (if any)	
5.	E-mail Address (if any)	
6.	Name of the Bank	
7.	Name of Branch (full address)	
8.	Bank Account No.	
9.	Account Type	
10.	Mode of electronic transfer available in bank branch (RTGS / NEFT / ECS / CBS)	
11.	IFSC Code	
12.	MICR Code	
13.	Seeding of Bank Account with Aadhaar (Y/N)	

(NOTE: Payment of Scholarship amount will be subjected to seeding of Aadhaar number in the Bank Account of the student).

Account number has been verified by me

Signature :

(Bank branch maintaining the Account)

Name of the Student :

Class :

Seal

Roll No :

Institute :

Address :

ANNEXURE – II

**ACQUITTANCE/PRE-STAMPED RECEIPT (PSR)/
PRE-RECEIPT / ADVANCE RECEIPT**

(Form of Acquittance for amount to be received through electronic transfer)

Received a sum of Rs. _____ /- (Rupees
.....) only electronically from DDO/OBC&SC on account of the above amount sanctioned
by the Directorate of Other Backward Classes & Scheduled Caste Development, Manipur vide letter No.
.....dated

Place :

Signature :

Revenue
stamp

Date :

Name of the Student:

Institute:

Class :

Identified by the Head of the Institution
with seal

Roll No: