

No.

RENEWAL APPLICATION FORM

Post-Matric Scholarship for Other Backward Classes Students
(Sponsored by the Ministry of Social Justice & Empowerment, Government of India)
(2016-2017)

To
The Director,
Minorities and Other Backward Classes,
Government of Manipur.
Secured Office Complex, A.T. Line, Imphal- 795001.

Affix Passport
Size Photo with
full signature of
Applicant on it

PART-A

(To be filled in by the applicant in his/her own handwriting otherwise shall be rejected)

Sir,

I was in receipt of Post-Matric Scholarship for the academic session 2015-2016 and I request you for renewal of the academic session 2016-2017. My particulars are given below:-

1. Full Name (in block letter):
2. Date of Birth (**enclose Class X certificate**):
3. Name of OBC:
4. Nationality: 5. Religion:
6. Permanent Address:
7. Particulars of the father/mother/guardian/husband (Strike off whichever are not relevant)
 - (a) Full name of Father/Guardian (in block letters):
 - (b) Full name of Mother:
 - (c) Address:
 - (d) Occupation of father & mother/guardian/husband:
 - (e) Total Family Annual Income:
8. Particulars of previous Institute:
 - (a) Name of previous class of study:
 - (b) Class: (c) Year:
9. Particulars of present course of study:
 - (a) Name of present School/Institute with full postal address:
 -
 - (b) Name of Class: (c) Duration of Class:
 - (d) Class Roll Number: (e) University registration number & Year:
 - (f) Regular: (g) Hosteller/Day Scholar:
10. Details of Board/Council/University for examinations passed:

Sl. No.	Exam Passed	Division with %	Roll No.	School/College/University	Year	Board/Council	Remarks

DECLARATION

I declare and certify that (1) I have not applied/received any scholarship/stipend from any other sources, (2) I am not employed in any Government/Semi-Government/ Private institutions/firm, (3) If any statement made by me is found wrong or misrepresented I undertake to refund in full the scholarship amount paid/drawn by me, (4) in the event of any dispute arising in the award of the scholarship, I further give my consent to abide by the decision of the Government which will be final and binding upon me, (5) the above statement are true and correct to the best of my knowledge and belief.

Dated:

Place:

(Full Signature of the Applicant)

(FOR OFFICIAL USED ONLY)

HSLC Roll No.

Year

Division

Board

1. Academic Session: 2. Duration:to.....
3. Class: 4. Roll No.: 5. Years:
6. Rate of Maintenance Allowance: Hosteller/Day Scholar ₹.x..... Months = ₹.

REJECTED/ACCEPTED

Reason (s) for rejection: (1) Incomplete entries (2) wrong entries (3) High income (4) Study break (5) Double applications (6) Absence of educational/income/OBC/age/study break, (7) Absence of applicant's/Head of Institution's signatures.

Signature of supervisor

Signature of Scheme Officer

Counter signature of DDO

PART-B

(To be filled in by the Head of Institution where the applicant is studying)

1. Certified that the applicant is at present studying in Class in this School/Institution with effect from (date of admission) for the academic sessionunder admission number Class Roll No.
2. The duration for the whole complete course is from to
3. Likely date, month and year of the annual examination for the class in which the applicant is presently studying Date Month Year
4. This Institution is affiliated toUniversity/Broad and is recognized by the Government of India/ Sate Government of
5. Name Bank & Branch where payment is desired
6. The undisbursed amount lying with the institution on account of scholarship, fees etc. will be refunded to the Government account of the awarding authority.
7. Further certified that the statements made by the applicant in this application form are correct to the best of my knowledge and I recommended the applicant for award of Post-Matric Scholarship for the academic session 2016-17.
8. Particulars of all non-refundable compulsory fees paid by the applicant are as follows :
(i) Tuition Fee ₹. (ii) Examination Fee ₹.
(iii) Game Fee ₹. (iv) Library Fee ₹.
(v) Medical Fee ₹. (vi) Any other (to be specified) ₹.
Total ₹. (Rupees) only.

Date:

(Signature of the Head of Institution with seal)

Place:

Name in block letter:

(Seal of the Institution)

Full postal address of the Institution.....
.....

Telephone No.....

Note: (1) Stamped signature will not be accepted, (2) Full name in block letters of the Head of Institution is compulsory, (3) Official seal of the Head of Institution and round seal of the Institution are compulsory, (4) The application form will be rejected if declaration is found incomplete or filled in by the applicant or if there are signs of over-writing/erasure.

INSTRUCTION FOR FILLING IN THE APPLICATION FORM

1. This form is intended for applicants who were in receipt of scholarship in the previous year but have not completed the course. Applicant should fill in the form correctly and must affix his/her passport size photograph with his/her signature thereon in the space provided in the first page. Enclosed documents will not be returned. The Directorate will not be responsible for any loss of application form/documents.
2. Applicant is warned that if he/she gives false statements/declaration/documents etc. or otherwise obtained scholarship through fraudulent means, he/she will be blacklisted and debarred from scholarship forever under this or any other Scholarship schemes. The scholarship amount if already paid will also be recovered.
3. Students having a study break of not more than 3 (three) years should furnish a certificate stating the reason for breaking his/her academic studies from the present Head of Institution. Students having a study break of more than 3 (three) years will not be eligible for this Scholarship under any circumstances.
4. Enclose (a) self-attested photo copies of certificate/marks sheets/admit cards of examination passed as at 10 of Part A, (b) income certificate of father/mother/guardian/husband in original issued by the competent authorities/executives magistrate, (c) self-attested photo copy of the OBC certificate of the competent authorities/magistrates, (d) break certificate (wherever applicable), (e) self- attested photo copy of aadhaar card.
5. Incomplete entries, wrong entries, high income, double applications, non-furnishing of the required certificate and documents and absence of applicant's /Head of Institution's signature will be rejected.
6. Direct individual submission of the application form will not be accepted in respect of students studying inside the state.
7. PAYMENT OF SCHOLARSHIP WILL BE MADE ELECTRONICALLY INTO THE RESPECTIVE BANK ACCOUNT OF THE APPLICANT. SO EACH APPLICANT IS REQUIRED TO SUBMIT A BANK ACCOUNT SEEDDED WITH AADHAAR NUMBER IN HIS/HER OWN NAME.
8. The decision of the Awarding Authority is final.

AUTHORIZATION LETTER

I, _____ would like to receive the sums disbursed by the (Department) _____ in my bank account electronically as per details given below.

1.	Name of the payee as in bank account	
2.	Father's Name	
3.	Address	
4.	Telephone Number with STD Code	
5.	Fax No.	
6.	Email (if any)	
7.	Name of the Bank	
8.	Name of Branch (full postal address)	
9.	Bank Account Number seeded with Aadhaar number.	
10.	Aadhaar Number	
11.	Account Type	
12.	Mode of Electronic Transfer available in Bank Branch (RTGS/NEFT/ECS/CBS)	
13.	IFS Code	
14.	MICR Code	

Account numbers verified by me

Signature

(Bank Branch maintaining the account)

Name of the student:
Name of the Institute:
Class:
Roll No.
Selected for the year:

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

(From of Acquittance for amount to be received by electronic transfer)

Received a sum of _____ (Rupees _____ only)
electronically from (DDO) _____, on account of the above amount
sanctioned by the _____ (Office/Department)
Vide letter No. _____ dated _____.

Signature:

Name of the Institute:
Class:
Roll No.
Selected for the year:

Dated :-
Place :-