

# APPLICATION FORM (BANISHREE - A Scheme of Scholarship for Physically Challenged Students)

(To be filled in this form)

For the Year .....

1. Name in full (In Block letter) .....

2. Address .....

Village / Ward ..... P.S. ....

G.P. ....

Block / NAC / Municipality .....

District .....

3. Category of Disability (Pl. Tick whichever is applicable) (✓) ... **OH/HH/HM/CR**

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 the 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 students, indicate Yes/No  
 If you have engaged a reader (Pl. tick) (✓)
- (b) If you are Orthopaedically handicapped students  
 being 75% and above disability indicate 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) Marksheet of last Exam. passed (Pl. tick) (✓) : Yes / No

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

Signature of the Students  
 Date .....  
 Place.....

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

- I certify that:
- \* The information furnished by the candidate (name ..... ) have been verified & found correct.
  - \* The school/institutions in which the candidate is studying is Government / recognised 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 .....

**INCOME CERTIFICATE**  
 (VIDE RULE 7 (b) (iv))

I, \_\_\_\_\_ certify to the best of my knowledge and belief that the total combined income from all sources of both the parents/guardian of Shri / Ku. / Smt. \_\_\_\_\_ P.M.  
 (Name of the Candidate)  
 Resident of \_\_\_\_\_ is  
 Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) P.M.  
 This certificate is issued only for supply of Aids & Appliances under ADIP scheme & pension scheme.

Signature of Candidate  
 Date \_\_\_\_\_  
 Place \_\_\_\_\_

Tahasildar

(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. \_\_\_\_\_ / Dt. \_\_\_\_\_

Signature with seal of  
 BDO / Sub-Collector