

2014-15
Last date of submission
29th November, 2014

FRESH APPLICATION FORM

Post Matric Scholarship to Scheduled Tribe students
(Sponsored by the Ministry of Tribal Affairs, Govt. of India)

PART - A

[**Part-A** is to be filled in by the applicant in his/her own handwriting]

Recent
Passport size
Photograph
with applicant's
signature thereon

To

The Director,
Tribal Affairs & Hills (Tribal Affairs Division),
Government of Manipur, Imphal - 795 001.

Sir,

I wish to offer myself as an applicant for award of Post Matric Scholarship to ST students for the academic session of 20....- 20.... and my particulars are given below :-

1. (a) Full name [in BLOCK LETTERS] :
 (b) Date of birth (enclose Class-X Certificate) : / / (c) Name of Tribe :
 (d) Religion : (e) Nationality : (f) Mobile Phone No.
 (g) Full permanent address :village/town,Sub-Div.,District, Manipur. (h) E-mail address :
2. (a) Father's name :
 (b) Occupation :
 (c) Mother's name :
 (d) Occupation :
 (e) Total Annual Income [b + d] Rs.
3. (a) Present course of study :
 (b) Duration of the course : From 20.... to 20.... = [.....years] (c) Class Roll No.
 (d) A Govt. nominee or private :
 (e) University Regd. No. & year :
 (f) Regular / Correspondence :
 (g) Name of college/school/inst. with full postal address :
Street.....
 City/Town:District.....
 Pin Code No. STATE.....
 (h) Student's Bank A/c No. Name of Bank :
 Name of Branch :
 (Bank account should be in the name of the applicant. See instruction Sl.No.7 at overleaf)
 (i) Hosteller / Day Scholar :
 (j) If Hosteller, specify (i) Name of Hostel :
 (ii) Room No. :

4. Details of Board / Council / University examination(s) passed : (See instructions Sl.No. 3 at overleaf)						
Sl.No.	Exam.passed	Div.	Roll No.	Year	School/College/University	Board/Council/University
(1)						
(2)						
(3)						

DECLARATION OF THE APPLICANT

I declare and certify that (1) the above statement has been filled-up in my own handwriting and certify that they are accurate and true (2) I have not applied/received any scholarship/stipend from any other source (3) I am not employed in any Govt./semi-Govt. establishment (4) if any statement made by me is found wrong or misrepresented, I undertake to refund in full the scholarship amount drawn by me (5) in the event of any dispute arising in the award of scholarship, I further give my consent to abide by the instructions for filling up of this application Form and the decision of the awarding authority which will be final and binding upon me.

Dated :

Place :

Full signature of the applicant

FOR USE OF THE AWARDING AUTHORITY ONLY

Code No.

HSLC Roll No. Year Division Board

(1) Academic session : (2) Class/Course :
 (3) 1st / 2nd / 3rd / 4th / Final year : (4) Period : from to
 (5) Rate of Maintenance Allowance :
☐ ACCEPTED ☐ (i) Hosteller / Day Scholar = Rs. x months = Rs.
☐ REJECTED ☐ (ii) Non -refundable fees = Rs.
 (iii) TOTAL [(i) + (ii)] = Rs.

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

Signature of D.A.

Signature of Scheme Officer

PART - B(*To be filled in by the college/school/institution authority only*)

1. Certified that the applicant is actually enrolled in this school/college/institution with effect from..... and studying in.....class/course for the academic session of 20..... -20..... under admission numberroll number.....
2. The duration for completion of the whole course is from/...../20..... to/...../20..... = (.....years)
3. This institution is affiliated toUniversity/Council/Board
(*An attested photostat copy of affiliation order/letter to be submitted, if not submitted earlier*)*
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.....
(*An attested photostat copy of recognition order/letter to be submitted, if not submitted earlier*)*
- *One copy will be enough for the entire applicants of the same institution.
6. If the applicant is disabled, specify nature of disability along with Certificate issued by the competent authority/Medical Officer
7. Particulars of all non-refundable compulsory fees paid by the applicant *for the year 20.....-20.....*
(*excluding Mess & Hostel fees*) Course Fee structure approved by the concerned State Govt. to be enclosed.

(i) Admission fee	Rs.	(ii) Tuition fee	Rs.
(iii) Examination fee	Rs.	(iv) Library fee	Rs.
(v) Medical fee	Rs.	(vi) Games & Sports fee	Rs.
(vii)	Rs.	(viii)	Rs.
TOTAL Rs.	(Rupees.....)		

Date :

Signature of the institution head / authority

Place :

Name in BLOCK LETTERS (

Designation with Seal :

E-mail address :

Website address :

(Round Seal)

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

Full Postal address of the :

institution with Pin Code No.

Note : (1) Stamped signature will not be accepted (2) Official seal of the head of institution, round seal of the institution, Telephone No. and address 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 application form is only for Fresh applicants [viz -
(a) XI Class, TDC-I year, MA-Previous, I-MBBS and so on 'OR'
(b) XII Class, TDC-II/III year, MA-Final, II/III/IV-MBBS etc. who did not apply in the previous year(s)]
- 2) Students having a study break should furnish an Affidavit / Certificate stating the reason of break in his/her academic studies.
- 3) **TO BE ENCLOSED / ATTACHED WITH THIS APPLICATION FORM :-**
 - (a) An attested photostat copies of Certificates, Mark Sheets, Admit Cards of exam. passed as at Sl.No.4 of Part-A
 - (b) Income Certificate of father/mother/guardian/husband ending 31st March of the current year in original issued by the competent authorities/executive magistrates. The present income ceiling for entitlement of the scheme as prescribed by the sponsoring Ministry is Rs.2,50,000/- per annum.
 - (c) Tribe Certificate of the applicant issued by the competent authorities/executive magistrates (attested photostat copy)
 - (d) Certificate in support of claim as Hosteller, issued by the warden of the hostel as at Sl.No.3 (j) of Part-A
 - (e) Study Break Certificate, if any (as stated at Sl.No.2 above)
 - (f) An attested copy of disability Certificate issued by the competent authority/Medical Officer, for disabled applicant.

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.
- 4) Direct individual submission of this application form will not be accepted in case of students studying inside the State
- 5) The last date of receipt in this office is **29th November, 2014**. After the last date of submission no form shall be accepted.
- 6) It will be the responsibility of the concerned institution for not awarding scholarship if forwarded this Form after the prescribed last date of submission.
- 7) **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 AND SHOULD COMPULSORILY FURNISH BANK ACCOUNT DETAILS GIVEN IN THE ANNEXURES - I AND II (prescribed by the Govt.) ATTACHED HERewith THIS FORM.**
- 8) The decision of the awarding authority is final.

kima renthlei || 08.07.14

AUTHORIZATION LETTER

I, _____ would like to receive the sums disbursed by the Tribal Affairs & Hills Department (Tribal Affairs Division), Manipur in my bank account electronically as per details given below :- (To be filled in neat and clear. The Tribal Affairs & Hills Department, Manipur will not be responsible if the Scholarship amount is transfer to someone else Bank account due to wrong or unclear filled in of Bank Account details).

1.	Name of the payee as in bank account	
2.	Address	
3.	Telephone Number with STD Code	
4.	Fax No.	
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	

NB (Note well) :- Enclose a photostat copy of first page portion of Bank Passbook wherein account holder's name, Account number, IFSC Code etc. are visible.

Account Number has been verified by me

Signature of the student :

Name (in BLOCK LETTERS) :

(Bank branch maintaining the Account)

Course / Class :

Seal

Name of the institutions with :
full 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)..... on account
of the above amount sanctioned by the Tribal Affairs & Hills Department, Manipur (Office / Department) vide
letter No..... dated

Place :

Signature :

Date :

Name (

Course /Class :

Name of institution :
with full address