

For specimen



GOVERNMENT OF HARYANA
WELFARE OF SCHEDULED CASTES AND
BACKWARD CLASSES DEPARTMENT APPLICATION
FORM FOR POST MATRIC SCHOLARSHIP TO SCHEDULED CASTES &
OTHER BACKWARD CLASSES FOR THE YEAR
200_____

The candidates are advised to submit their application to the Principal concerned of their institution not later than 15th January each year.

Government of India Scheme of Post Matric Scholarship for Scheduled Castes & Other Backward Classes

PART - A

Passport size
Photograph with
Signature of
Candidate attested
by HOD/Principal

12. Name in full (in Block letters) :

Shri, Shrimati /Kumari

A S H O K

13. Father's/Husband's name:

R A M E S H D A S S

14. Nationality:

I N D I A N

15. Caste/Sub-Caste

B A L M I K I

State where permanently settled:

District

State

K U R U K S H E T R A H A R Y A N A

Full Address

H N O . 6 7 8 S E C T O R - 7 K U R U K S H E T R A
H A R Y A N A

E-Mail Address

A _ A S H O K @ Y A H O O . C O M

Phone No.

9 8 7 2 1 5 3 9 5 6

Name and address of the guardian and relationship with applicant:

Name

A L O K N A T H

Relationship

U N C L E

% of Marks obtained			
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**Signature of Applicant
HOD/Principal**

Signature of

22. i) I/we hereby declare that I/we have read the regulations of the scheme and agree to abide by the terms and conditions of the award. I/we certify that the statements made in the application are correct and if any of them is found to be incorrect by the authority whose decision will be final and binding on me/u. I/we undertake to refund to the said authority on demand the entire amount of scholarship received by me/us or overpaid to me/us, failing which the said authority may recover the amount from me/us through whatever means it deem proper. That I have not claimed the benefit from any other schemes.
- ii. I/we further undertake that his/her application is being submitted for the above scholarship for first time for the present class.

Date : 26-12-2012

(i) (a) Signature of applicant

_____ashok_____

Place :

(ii) (a) Signature/left/right hand thumb
Impression of the parents/
guardians. _____

PART-B

(To be filled by the Head of Institution)

Certified that:

- (vi) Information given by the applicant in Part-A has been checked and found correct/has been corrected in red-ink.
- (vii) The course in which the applicant is studying in this Institution is a post matric one.
- (viii) This Institution is affiliated to _____University /Board and is recognized by the Government of India/State Government _____that applicant is studying _____ courses in this Institution and the minimum qualification required for admission to that course is a pass in the _____ examination.