

GOVERNMENT OF ANDHRA PRADESH
DEPARTMENT OF BACKWARD CLASSES WELFARE

Application for Post-Matric Scholarships for BCs

Renewal/Fresh

1. Name of the Student :
(as entered in SSC
Certificate or equivalent
Examination)
2. Father's / Gaurdian's Name :
(if father is not alive)
3. Native Place :
4. Date of Birth (as per SSC :
Examination Certificate)
5. Registered No. of SSC or :
(a) Equivalent examination
(b) Month and year of passing
SSC
6. Sex (M/F) :
7. Religion :
8. Caste :
9. Group (A/B/D) :
10. Present postal address of the :
student
(a) House No.
(b) Village / Street
(c) Town/Mandal
(d) District.
11. Previous course of study :
12. Year of Passing of previous :
course
13. Name of educational :
institution where he/she last
studied.
14. Details of present course of :
study
(a) Name of course
(b) Present year of the course
I/II/III/IV/V/VI/VII
(c) Duration of the current years
Study (i.e. from which month
To which months)

Attest Passport
size photo to
be attested by
the Principal

15. Name of the educational institution :
16. Is it a Government or Private institution :
17. Date of admission in the college :
18. Distance between the place of residence and place of study :
19. Annual Tuition fees :
20. Annual special fees :
21. Examination fees :
22. Other non-refundable fees :
23. Total fees :
24. Date of admission in the attached Hostels :
25. Mention details of any other scholarships being received :
26. Family Ration card No. Roll No. of parent in gram panchayat electoral Roll. :
27. Nearest Bank Branch (SBH/SBI) (for out of state student only) :

I hereby affirm that the above details are correct and true and that I will be liable for prosecution if any information furnished above is found incorrect/False.

Signature of the Applicant.

Signature of the Parent.

Certified that the above details have been verified and found true as per our records and if any information furnished is found wrong. We will be held responsible and liable for action as per rules.

Signature of the Warden of the
Hostel with stamp.

Signature of the Head of the
Institution and stamp and seal
of the institution.

FORM-III

Serial No.

District Code

S.C.

Mandal Code

S.T.

Village Code

B.C.

Certificate No.

COMMUNITY NATIVITY / AND DATE OF BIRTH CERTIFICATE:

1) This is to certify that Sri/Smt./Kum _____ Son/Daughter of
Sri _____ of Village / Town _____
Mandal _____ District _____ of the state of Andhra Pradesh
belongs to _____ Community which is recognized as SC/ST/BC under

The Constitution of Scheduled Castes Order 1950

The Constitution of Scheduled Caste Order 1950

G.Ms. No. 1793. Education, Dated : 25.09.1970 as amended from time to time (BCs) SCs, STs list
(amenedement) order, 1956 SCs and STs amendedment) Act, 1976.

2) It is to certified Sri/Smt./Kum _____ is native of
_____ of Village /Town _____ Mandal
_____ District _____ of the state of Andhra Pradesh.

3) It is certified that date of birth of Sri/Smt./Kum _____ is day
_____ Month year (In words) _____ as per the
declaration given be his/her Father / Mother / Guardian and as entered in the school records where he / she studied.

Date

Place :

Signature of M.R.O.

Name in Capital Letters

Designation.

:

INCOME CERTIFICATE

This is to certify that the annual income of Sri/Srimati/Kumari _____

Son/Daughter/Wife _____ of village _____ Mandal _____

District _____ from all sources in Rs. _____ as shown below :

Source of income	Annual Income
Lands	: Rs.
Buildings	: Rs.
Business	: Rs.
Salary of both wife and Husband if both are	
Employed	: Rs.
Labour	: Rs.
Total	Rs.

(Rupees in words _____
only)

Place :

Signature

Date :

Name in capital letters :

Office seal

Designation