



**CHANDIGARH ADMINISTRATION
DEPARTMENT OF SOCIAL WELFARE**



**APPLICATION FORM FOR GETTING BENEFITS OF “FREE EDUCATION FOR SCHEDULED
CASTE AND OTHER BACKWARD CLASSES STUDENTS SCHEME, 1998”**

PART – I

(To be filled in by the candidate)

i.	Name in full (In block letters)																
ii.	Postal address to which the communication should be sent																
iii.	Date of Birth (Attach attested proof)																
iv.	To which caste (among the Scheduled Caste/OBC) do you belong? (Attach poof)																
v.	Name and address of the parents/guardian relationship with the guardian																
vi.	Occupation of the guardian																
vii.	Total monthly income of parents/guardian																
viii.	Please state, if you are earning and if so the income: - The Source																
	The monthly amount																
	Particulars of examinations passed																
ix.	<table border="1"> <thead> <tr> <th>Name of examination</th> <th>Year</th> <th>%age of marks obtained</th> <th>Name of Institution</th> <th>Name of University</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of examination	Year	%age of marks obtained	Name of Institution	Name of University											
Name of examination	Year	%age of marks obtained	Name of Institution	Name of University													
x.	Have you ever received shcolarship/ Award under any scheme of Govt. of India. (Give details)																
xi.	Name of Institution where admitted																
xii.	Classes and Course to which admitted																
xiii.	Date of admission																
xiv.	Month of complete of Course																

Counter-signature of the parents/guardian candidate is minor.

Signature of the candidate



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PART – II

i.	Educational Qualification of Mother	
ii.	Occupation of Mother	
iii.	Annual income of Mother	
iv.	Educational Qualification of Father/ Guardian	
v.	Occupation of Father/Guardian	
vi.	Annual Income of Father/Guardian	
vii.	Annual income from any other Dependent member of family	
viii.	Annual income from any other Source (give name of source)	
ix.	Number of brother/sisters and their occupation	
x.	Total Annual income	

CERTIFICATE

We certify that information as given in Part – I and Part- II is true and correct.

(Signature of Father/Mother/Guardian)

Name:

Address:

(Signature of Student)

Name:

Address:

PART – III

RECOMMENDATIONS OF THE HEAD OF INSTITUTION

Certified that –

(i) Sh. _____ has been admitted to _____
class of _____ course in this institution on _____.

(ii) That non-refundable fees as per details given below are payable to the institution:-

(a)

(b)

(c)

(d)

Total _____

(iii) This Institution is affiliated to the Board/University of _____ and/or is recognised by the Govt.
of _____ and the course of study/training is recognised by the Board/University.

Dated:

Place :

Signature of the Head of the Institution

Name

Designation



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**AFFIDAVIT
(BY FATHER/MOTHER/GUARDIAN)**

I, _____ son of _____ resident of _____
the undersigned deponent do hereby solemnly affirm and declare as
under: -

1. That my total annual family income from all the sources for the year ending 31st March, _____ was Rs. _____.
2. That the information given in Part –I and Part –II of the enclosed application form for availing benefit under free Education Scheme of Union Territory, Chandigarh is true to my knowledge.
3. That if at any time, any information as given in Part I and Part II of the enclosed application form is found to be wrong, I shall be liable to refund the entire amount received by Sh. _____ under the schemes.
4. That my son/daughter have passed +2 examination in first attempt and have studied in U.T., Chandigarh for at least two academic session

CHANDIGARH

DEPONENT

DATED:

VERIFICATION:

Verified that the contents of my above affidavit are true and correct to my knowledge. No part of it is false and nothing has been kept concealed therein.

CHANDIGARH

DEPONENT

DATED:
