

**Application form for the grant of Pre-Matric Scholarship for
the students belonging to Schedule Caste and other Backward
Classes to awarded by the Social Welfare Department for the
year _____.**

1. Name of the applicant _____
2. Father/Guardian's Name _____
3. Whether Orphan _____
4. Whether Schedule Castes or Other backward Classes _____
5. Sub-Centre _____
6. Residence _____
7. Class in which reading _____
8. Name of the Institution/School _____
9. Last examination passed indicating the year _____
10. Marks Obtained (State distinction if any) _____
11. Parent's / Guardian's income _____
12. Financial assistance received during the current year or the last indicating the name of the Deptt. _____
13. Remarks of the head of the Institution _____

INCOME CERTIFICATE

Certified that the monthly income of Shri. _____
R/o _____ Father / Guardian of _____
_____ Class of _____
School is Rs. _____ this has been issued
under my head and seal.

**Signature of the Headmaster/
Principal**

**Signature and Seal of the Tehsildar/T.D.O.
Head of the Institution (Gazetted).**

Verification by:

1. Social Welfare Officer:
2. District Social Welfare Officer: