

GOVERNMENT OF JAMMU AND KASHMIR
SOCIAL WELFARE DEPARTMENT

**Scholarship for the Physically Handicapped
Application for Fresh Scholarship**

(To be filled in by the candidate)

1. Nature of physical handicap : Blind/Deaf/Orthopedically handicapped
2. Name in full (in block letters) :
3. Postal Address to which Communications
to be sent :
4. (a) Are you a citizen of India
(b) Native place
(c) Whether scheduled caste/tribe
5. Date .of birth (in Christian era)
6. (i) Name of the parent/guardian
(ii) Profession
(iii) Address
(iv) Relationship of guardian
7. Monthly income of both the parents
/guardian
8. Please state if you are earning an Income: Yes/No
 - (i) The source
 - (ii) The monthly amount
9. (a) Particulars of all examinations passed
so far

Nature of Examination	Year	Name of the Institution
-----------------------	------	-------------------------

(b) Percentage of marks obtained in the last examination passed (mark list of the previous annual examination to be enclosed) :

10. Have you ever received scholarship under this scheme? If yes, indicate :

- (i) The course of study :
- (ii) .The period from which scholarship was paid :
- (iii) Reference number, if any :

Please state whether you have undergone any training course at any training centre for adult blind/deaf approved by the Central/State' Government

- (i) Course of study for which scholarship is now desired
- (ii) Date of commencement of course
- (iii) Approximate date of termination of the course

(iv) Date of joining the present standard in the course during the current academic year

For Blind-
Have you engaged II reader?
If yes, please indicate
(i) Amount paid for month
(ii) Date of engagement

14. Documents attached-
- (I)
 - (ii)
 - (iii)
 - (iv)
 - (v)

I hereby declare-

(i) that I shall not accept any emoluments, scholarships, stipend or any other financial assistance or grant in any other form whatsoever, except exemption from tuition fees, from any other source during the tenure of this scholarship if awarded to me under the above scheme.

OR

that I am in receipt of assistance to the tune of Rs.----- from -----
_____ and in the event of award of scholarship. I undertake to refund it from the month, the scholarship is payable to me, to the source from where I have received it, and that during the tenure of scholarship, if awarded. I shall not receive any other financial assistance ,emoluments, scholarships stipend or any grant in any form whatsoever, except the exemption from payment of fees.

(ii) that the statements made in the application are true to the best of my knowledge and belief and that no material information having a bearing on selection has been cancelled or withheld.

Counter signature of Gazetted Officer or Central/
State Government / M.P. / M.L.A. / Magistrate /
Head of the Institution.

Signature of the candidate