

**FORM OF APPLICATION FOR GOVERNMENT SCHOLARSHIP FOR BLIND, DEAF, AND DUMB
AND ORTHOPAEDICALLY HANDICAPPED STUDENTS**

(To be submitted through the principal / head of Institution to the District Social Welfare Officer, concerned)

(Incomplete application or applications received after the stipulated date may not be entertained)
(the last date for submission of the application is _____)

To

The Director of Social Welfare
Meghalaya Shillong

Sir,

I beg to apply for a scholarship for /Blind/Deaf/Deaf and Dumb/Orthopaedically Handicapped Person.

The course for which I propose to study is _____
_____ for which I have joined _____
_____ school/college/institution/university. If I am awarded a scholarship, I agree to abide by the Rules governing its award, I shall also inform the Director of Social Welfare if I take any employment or if I am awarded any other scholarship so long as I held the present scholarship.

I further state that, I am (i) blind/ deaf/ deaf and dumb/ orthopaedically handicapped (ii) the income of my parents or guardian is less than Rs. 6,000 (Rupees six Thousand) per annum and (ii) that I am a permanent resident of Meghalaya state.

Yours faithfully

Signature of the Candidate

Instructions to candidate to fill in the form

1. According to Rule 2, a totally blind person has been defined as “ (a) total absence of sight (b) Visual acuity not exceed 3/60 or 10/200 (snellon) in the better eye with correcting lenses” and the deaf are those in whom the sense of hearing is non-functional for the ordinary purpose of life. A deaf and dumb person is one who is deaf as defined above and also does not have the power of speech. An orthopaedically handicapped person has been defined as “ one who has a physical defect or deformity or has partially or totally lost any limb of the body thereby causing and interference with normal functioning of the bones, muscles and joints. A certificate from a Civil Surgeon or a Gazetted Officer of the Meghalaya Medical Service will therefore be necessary to the effect that the candidate is blind/deaf/ deaf and dumb/orthopaedically handicapped as defined in Rule 2.
2. A declaration (in the form attached at Appendix ‘B’) should be filled in by the parent /guardian of the candidate regarding his/her annual income. This declaration should also be attested by the head of institution in which the candidate is studying or by some responsible person such as Gazetted Officer, Local MLA, MP, and MDC.
3. If the proof of date of date of birth is not available, a certificate stating the approximate age of the candidate should be obtained from the Medical Officer certifying the blindness deafness or orthopaedically handicapped of the candidate and should be attached to the application.

The Applicant Particulars

1. Name of the applicant with fathers name and surname (in Block letters)
2. Date of birth (according to Christian era)

3. The applicants Domicile
 4. Present address
 5. educational attachment reached at the time of applying the scholarship
 6. year in which the applicant first joined the school/college/institution which he she has now joined and age on 1st June of the year
 7. Course of study for which he she has joined the school/college/institution
 8. Duration of the course
 9. Place of birth (Village and district)
 10. Full name and address of the school/college/institution from which the applicant passed his/her last examination giving the village and district where the school/college/institution is situated.
 11. Full name and address of the school/college/institution from which is studying giving the Village post Office and District where the School/College/institution is situated.
 12. Year in which passed the last examination.
 13. Marks obtained in the last examination passed (attested copy of marksheet should be attached)
 14. Whether at present the holder of any scholarship, if so, give details.
 15. Whether suffering from any physical handicapped other than blindness/deafness or orthopaedic disability.
 16. Parents and Guardians name in full and address
 17. Domicile of the parent or Guardian
- Relation
Occupation
Annual income from all sources
18. Whether Hostler or non hostler (If Hostler, name of the hostel maybe given)

Date.

Signature of applicant

Certificate of the Principal/Headmaster of the institution in which the candidate is studying

I certify that Shri/SmtiHas joined this college /School /Institution onand has been a bonifide student of my institution since the date
My Institution is recognised by the Meghalaya State Government Vide _____

(Quote authority)

The date of his/her birth as entered in the College/School/Institution Register is

My remarks regarding his/her progress, conduct, etc, are as under:-

1. Character:
2. Ability:
3. Regularity of attendance:
4. Health
5. General Recommendation

Principal/Headmaster of College/ School/Institution

(with seal)

Appendix 'A'

CERTIFICATE TO BE SIGNED BY THE MEDICAL OFFICER
EXAMINING THE CANDIDATE

1. I, Civil surgeon/medical Officer
have examined Shri/Smtiand certify that he/she
is so blind as to be unable to perform any work for which eyesight is essential.
2. I, Civil surgeon/medical Officer
have examined Shri/Smtiand certify that he/she
is so deaf that his/her sense of hearing is non-functional for normal functioning of life.
3. I, Civil surgeon/medical Officer
4. I, Civil surgeon/medical Officer
have examined Shri/Smtiand certify that his/her
orthopaedic condition is as below-

Extent and character of a limb if any
 weakness of paralysis of any muscle
nature and extent of disability

Is the disability accompanied by any pain and mental deficiency ?

1. I, further certify that shri/smti 3. . I, is physically and mentally fit
apart from his/her orthopaedic disability to undertake studies. The orthopaedic disability is not of a
nature to interfere with his/her normal education manner.

His /her age is according to his/her own statement years and by
appearance years

Place Signature
 Date Designation

(This Certificate is to be given when the candidate has no proof of his/her date of birth).

APPENDIX 'B'

DECLARATION OF INCOME

Note – 1. The declaration must be signed by the parent or guardian of each candidate. The Principal/headmaster of the Institution will then forward to the director of social welfare along with the application. The parent or guardian must make a separate declaration for each candidate.

Note – 2. Each declaration must be authenticated by the Headmaster/Principal or by some responsible person such as a gazetted Officer, Local MLA, MP, MDC.

1. The Details of age/Scholarship received, etc., furnished by my son/daughter/ward (name
..... of classof the
(College/school/institution) are correct.
2. I, declare that the above candidate is my son/daughter/ward

3. I, guardian/parent named of the above candidate
..... of the village for town of the district
..... Declare that the annual income from all sources
is not more than Rs. And there are
..... members in the family dependent on me.
4. I, also undertake to refund whatever amount by way of scholarship which my son/daughter/ward
has received on the strength of this statement made by me, if my income exceeds the limit
prescribed by Government. I am aware that the statement with regard to my income and thereby
to claim a scholarship when the same is not admissible to my son/daughter/ward is an offence for
which penal proceeding will be taken against me if; I fail to refund the amount on demand. I,
agree that the government may recover the same for my property as arrear of land revenue.

Date on which signature or thumb impression
Was appended

signature or thumb impression of the
parent/guardian of the pupil

ATTESTATION CERTIFICATE

I of the
Village or town of district attest the
signature/thumb impression of the person named above as having been made in my presence

Place.....

Date.....

Signature /thumb impression