

GOVERNMENT OF PONDICHERRY
SOCIAL WELFARE DEPARTMENT

Scholarship for the Physically Handicapped—Application for Fresh Scholarship

PART—I

(To be filled in by the candidate)

1. Nature of physical handicap : Blind/Deaf/Orthopaedically handicapped
2. Name in full (in block letters)
3. Postal address to which communications are 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 examination] passed so far :

| Name 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 a 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.

Place

Countersignature of the
parent/guardian.

Date

PART—II

(To be filled in by the Head of Institution)

1. (a) Is the candidate enjoying free board and/or lodging facility or any other concession in kind? :
- (b) If so, indicate the monthly amount equivalent to the concession :
2. Is the candidate residing in an hostel attached to school? If so, date from which residing :
3. For orthopaedically handicapped—
 - (i) (a) Is the candidate using any prosthetic appliances(s) and/or in any aid needed? :
 - (b) If so, please indicate the nature for appliance used :
 - (ii) (a) Is the candidate using special transport to and from the Institution? :
 - (b) If so, please indicate clearly the mode of transport and the approximate distance travelled daily :
4. For blind—

Has the candidate engaged a reader? :

If so, the monthly amount paid to him/her and the date from which engaged? :

(i) Certified that the information given by the applicant in Part-I has been checked and found correct.

(ii) This Institution recognised by the Government of _____ and the course of study is recognised by that Government.

Place

Signature of the Head of Institution

Date:

Name (in block letters) :

Designation :

Address

Pincode

(Seal of the Head of the Institution)

Medical Certificate in Respect of Orthopaedically Handicapped Candidate

For the purpose of scholarship the orthopaedically handicapped are those who have physically defect or deformity which cause an interference with the normal functioning of bones, muscles and joints.

Certified that I, Dr Registration No.
have this day of 200 examined the applicant
whose particulars are given below and that he/she falls within the above definition.

Name of the candidate

2. Identification mark

Sex

Father's name

5. Approximate age

6 (a) Nature of disability

(Tick relevant from following list)

POST-POLIO PARALYSIS, HAMIPLEGIA, QUADRAPLEGIA, MALUNITIED FRACTURE,
NERVE PARALYSIS, UPPER EXTREMITY, LOWER EXTREMITY, LIMP, PAINFUL
SHORTENING, DEFORMITY, CONGENITAL ACQUIRED, ABOVE KNEE, BELOW KNEE,
HIP, HEMIPELVECTOMY, SYMES, CHEOPARES, WRIST, FINGERS, BELOW ELBOW,
ABOVE ELBOW, SHOULDERS, FORE QUARTER, UNILATERAL, BILATERAL.

(b) Extent or disability.

Estimate in percentage (Mc.Bride Scale)

ON ANATOMICAL, FUNCTIONAL, (PATIENTS ASSESSMENT, EXAMINER'S
ASSESSMENT) ECONOMICAL BASIS MENTION AS PERCENTAGES.

(c) Use of appliance:

(Tick relevant from following list)

CALLIPER, CRUTCH, ABOVE KNEE, BELOW KNEE, PROSTHESIS, CANE,
UNILATERAL, BILATERAL, ABOVE ELBOW, BELOW ELBOW, HEMIPELVECTOMY,
SHOULDER, DIS-ARTICULATION.

(d) Any operation done or indicated

(e) Photograph (Attested)

(To show the nature of disability and any appliance if used)

7. Any other particulars to clarify the nature and extent of disability that the surgeon might like to point out.—

Signature of Candidate

Signature of Orthopaedic Surgeon

Place :

Designation :

Date

Office Stamp

Address

SCHOLARSHIP FOR THE PHYSICALLY HANDICAPPED—INCOME CERTIFICATE

I, _____ . certify to the best
of my knowledge and belief that the total combined income from all sources of both the parents/
guardian of Thiru/Tmt./Selvi (Name of the candidate) resident
of _____ is Rs...
(Rupees _____) per annum.

Signature of candidate

Place : _____

Signature

Name (in block letters) :

Designation

Office stamp

Note: It may be given by a Revenue Officer not below the rank of Deputy Tahsildar.

DECLARATION TO BE GIVEN BY THE PARENT/GUARDIAN

I, father/guardian of Thiru/Tmt./Selvi. undertake to
intimate to the Department of Social Welfare, Pondicherry, any change in the above mentioned
income that takes place at any time during the pendency of the scholarship.

Signature

Place

Profession

Postal address