

**Government of West Bengal
Backward Classes Welfare Department**

APPLICATION FOR POST-MATRIC SCHOLARSHIP TO SC/ST/OBC STUDENTS

NEW /RENEWAL

Entitlement Card No.

1. Full Name of Applicant: Mr./Mrs./Miss _____
(In Block letters)
2. Name of Father/Husband: _____ 2. Sex: _____
3. Date of Birth: _____ 4. Marital status: _____
6. Nationality: _____ 7. Religion: _____ 5. Tele No. (if any): _____
8. a) Caste: (SC/ST/OBC) _____ b) Sub-Caste: _____
9. a) State to which applicant actually belongs: _____
b) Permanent Address: _____ P.O. _____
P.S. _____ Dist. _____ State _____
10. Whether in full time employment: YES / NO
If yes, give details: _____
11. Particulars regarding Father/Mother/Husband/ Guardian who supports in applicant's studies:
a) Name: _____ b) Occupation (if employed, give income certificate from the employer) _____
c) Address: _____
12. Bank Details: a) Bank Name : _____ b) Branch: _____
c) S.B A/C No. _____ d) IFSC Code: _____ e) MICR Code: _____
13. Course Details: a) Name & Address of Institution (mentioning State / UT):

b) Class & Course of Study: _____
c) Nature of Course: Degree / Diploma/ Certificate d) Fulltime / Part-time (for c & d strike out the inappropriate)
e) Duration of Course: _____ f) Actual date of joining the class: _____
g) Tentative date of end of session: _____
14. Particulars of non-refundable compulsory fees payable by the applicants:
- | Non-refundable fees | Rate (Rs.) | Amount actually payable (Rs.) | Remarks |
|-----------------------------|------------|-------------------------------|---------|
| Tuition Fee | | | |
| Session Charges | | | |
| Examination fee: Charged by | | | |
| a) Institute | | | |
| b) University | | | |
| Games Fee | | | |
| Library Fee | | | |
| Total : | | | |
15. Were you in receipt of this scholarship in the previous year **YES / NO**. If yes, the amount received Rs. _____
16. Whether pursuing any other Course? If yes, give details of Institute & Course: _____
17. Whether applied for Merit/National Loan Scholarship or any other Stipend/Scholarship : _____

18. Annual Gross Family Income from all sources: _____

One Passport-size Photo with self-signature thereon duly attested to be pasted here & other two without attestation are to be submitted

19. Hostel Details (to be filled by Hotellers only): a) Name & Address of Hostel: _____

c) Date of joining in current Session: _____ d) Charge payable: _____

(A certificate by Hostel Superintendent and duly countersigned by the Head of the Institution showing exact date of admission to Hostel & charge payable to be submitted)

I undertake that all the statements given above are correct and I shall be liable to penal action if any statement made above is found false/incorrect.

Place: _____ Dated Signature of the Applicant: _____

The statements made by the applicant in Sl. No. 13 & 14 are correct to the best of my knowledge. This Institute is affiliated to the _____ University / Board & is recognized by the Government of India / State Government of _____. Minimum qualification for admission to the course _____ is a pass in _____ Examination.

SEAL

Signature of Head of Institution:

Name (in Block Letter) : _____

Designation; -----

Address: -----

State: _____ PIN Code: _____

INCOME, CASTE & CITIZENSHIP CERTIFICATE

(Should be signed either by a Member of Parliament or Member of a State Legislature, or a Municipal Commissioner / Councillor / Member of Zilla Parishad / Savapati of Panchayat Samity or a Government Officer. The issuing authority is requested to observe due caution as Scholarship is awarded on the basis of this very important Document.)

Certified that the information furnished at point nos. 1 to 11 overleaf are correct to the best of my knowledge.

Place: _____ Signature: _____

Date: _____ Name (in Block Letters): _____

SEAL

Designation: _____

Full address: _____

DECLARATION OF INCOME

(To be given by the parents/ guardians when the candidate is not employed)

Certified that the gross annual income from all sources in respect of my family is Rs. _____ (Rupees _____) Only one / two / three of my sons is / are availing such scholarships. I make myself responsible for the accuracy of the fact & figures furnished.

I further undertake that in the event of the particulars given in the declaration being found false, I shall refund the whole amount of the Scholarship paid to the said Scholarship holder _____ and the Government's decision in this regard shall be final and binding on me.

Place: _____ Signature in full : _____

Date: _____

- Note: 1. This form need not necessarily be obtained from Block / PO offices and can be used by copying or downloading from the official website of the BCW Department www.anagrasarkalyan.gov.in / bcwdwb.gov.in**
- 2. Attested copies of all documents in support of claims for scholarship to be furnished along with this application. Original documents will be required to be produced for verification at the time of submission.**
- 3. Payment of scholarship will be made only through bank account.**
- 4. All columns are to be filled up. No column should be left blank.**