

2017-18
Last date of submission
20th December, 2017

CLASS - X

Paper size - Legal

PRE - MATRIC SCHOLARSHIP APPLICATION FORM FOR CLASS - X

For Scheduled Tribe students

(Sponsored by the Ministry of Tribal Affairs, Govt. of India)

PART - A

[**Part-A** is to be filled in by the applicant in his/her own handwriting]

Recent
Passport size
Photograph
with applicant's
signature thereon

To
The Director,
Tribal Affairs & Hills (Tribal Affairs Division),
Government of Manipur, Imphal - 795 001.

Sir,
I wish to offer myself as an applicant for award of Pre Matric Scholarship to ST students for the academic session of 20- 20.... and my particulars are given below :-

1. (a) Full name [in BLOCK LETTERS] :
- (b) Date of birth (as per registration) :/...../..... (c) Name of Tribe :
- (d) Religion : (e) Nationality :
- (g) Full permanent address :village/town,Sub-Div.,
.....District, Manipur. (h) Aadhaar No. : _____
2. (a) Father's name :
- (b) Occupation :
- (c) Mother's name :
- (d) Occupation :
- (e) Total Annual Income [b + d] Rs..... (f) Contact No.(M/Phone).....

3. (a) **Class - X** Section : _____ Roll No. : _____ House (if any) : _____

(b) Board Regd.No. & year : School enrolment No.& year

(c) Name of school :
with full postal address :
City/Town: District.....
Pin Code No. STATE.....

(d) Student's Bank A/c No. Name of Bank :
Name of Bank Branch :

(e) Hosteller / Day Scholar :

(f) If Hosteller, specify Name of Hostel :
Room No. :

4. Details of Class - IX examination passed : (*Attested Marks Sheet should be attached*)

Roll No.	Division	Year	Name of School with full address

DECLARATION OF THE APPLICANT

I declare and certify that (1) the above statement has been filled-up in my own handwriting and certify that they are accurate and true (2) I have not applied/received any scholarship/stipend from any other source (4) if any statement made by me is found wrong or misrepresented, I undertake to refund in full the scholarship amount drawn by me (5) in the event of any dispute arising in the award of scholarship, I further give my consent to abide by the instructions for filling up of this application Form and the decision of the awarding authority which will be final and binding upon me.

Dated : _____
Place : _____ *Full signature of the applicant*

FOR USE OF THE AWARDING AUTHORITY ONLY

Code No.

Period : from _____ to _____

Rate of Maintenance Allowance :

ACCEPTED (i) Hosteller / Day Scholar = Rs. _____ x _____ months = Rs. _____
(ii) Books and Ad-hoc grant..... = Rs. _____

REJECTED (iii) TOTAL [(i) + (ii)]..... = Rs. _____

Reason(s) for rejection: (1)Incomplete entries (2) excess income ceiling (3) double apply
(4) absence ofcertificate (5) absence of applicant's or head of institution's signature
(6) doubtful handwriting of the applicant (7) doubtful or old passport photograph

Signature of D.A. _____ Signature of Scheme Officer _____

PART - B

To be printed on the back side of PART - A

(*To be filled in by the school authority only*)

1. Certified that the applicant is actually enrolled in this school with effect from..... and studying in **Class X** Section _____ Roll No. _____ for the academic session of 20..... -20..... under admission No. _____
3. This school is affiliated to Board of
[*An attested photostat copy of affiliation order/letter to be submitted*] *
4. If it is a Govt. institution specify name of the State :
5. If it is not a Govt.institution specify Recognition No.under Govt.of.....
[*An attested photostat copy of recognition order/letter to be submitted*] *
* One copy will be enough for the entire applicants of the same school.
6. If the applicant is disabled, specify nature of disability along with Certificate issued by the competent authority/Medical Officer.

Date :

Signature of the school authority

Place :

Name in BLOCK LETTERS ()

Designation with Seal :

Fax No. :

E-mail address :

Website address :

(*School Seal*)

Telephone No(s). (STD Code No. _____) _____

Full Postal address of the :

institution with Pin Code No.

Note : (1) Stamped signature will not be accepted (2) Official seal of the head of institution, round seal of the institution, Telephone No. and address Pin Code No. are compulsory (3) Full Postal address should be clearly indicated for correspondence (4) The application form will be rejected if found incomplete or filled in Part-B by the applicant . (5) The application form is liable to be rejected if full address & particulars of the institution as given above are not clearly indicated

INSTRUCTIONS FOR FILLING UP OF THIS APPLICATION FORM

- 1) This application form is meant for **Class X** applicant only.
- 2) **TO BE ENCLOSED / ATTACHED WITH THIS APPLICATION FORM :-**
 - (a) An attested Photostat copie of Marks Sheet of Class - IX as at Sl.No.4 of Part-A
 - (b) Income Certificate of parents/guardian ending 31st March of the current year in original issued by the competent authorities- i.e. employer,(if employed) /executive magistrates. The present income ceiling for entitlement of the scheme as prescribed by the sponsoring Ministry is Rs.2,00,000/- per annum.
 - (c) Tribe Certificate of the applicant issued by the competent authorities/executive magistrates (attested Photostat copy)
 - (d) Certificate in support of claim as Hosteller, issued by the warden of the hostel as at Sl.No.3 (f) of Part-A
 - (e) An attested copy of disability Certificate issued by the competent authority/Medical Officer, for disabled applicant.
N.B.:- (i) Enclosed documents will not be returned.
(ii) The awarding authority may demand original documents for verification if required
(iii) The directorate will not be responsible for any loss of application form or documents. (The applicant is advised to attached all the required documents securely)
- 3) Direct individual submission of this application form will not be accepted in case of students studying inside the State
- 4) **This application should reach Directorate of Tribal Affairs & Hills, Manipur, Imphal on or before 20th December, 2017. After the last date of submission, no form shall be accepted.**
- 5) It will be the responsibility of the concerned institution for not awarding scholarship if forwarded this Form after the prescribed last date of submission.
- 6) **AS PER THE INSTRUCTION OF THE GOVT. ANY KIND OF PAYMENT WILL BE MADE ELECTRONICALLY BY TRANSFERRING INTO THE RESPECTIVE BANK ACCOUNT OF THE APPLICANTS AND SHOULD FURNISH BANK ACCOUNT DETAILS GIVEN IN THE ANNEXURES -I AND II (framed by the Govt.) ,ATTACHED HEREWITH.**
- 7) The decision of the awarding authority is final.

< kima renthlei > < 23.10.17 >

AUTHORIZATION LETTER

I, _____ would like to receive the sums disbursed by the Department of Tribal Affairs & Hills, Manipur in my bank account electronically as per details given below :-

1.	Name of the payee / student as in bank account	
2.	Address	
3.	Telephone Number with STD Code	
4.	Fax No.	
5.	E-mail Address (if any)	
6.	Name of the Bank	
7.	Name of Branch (full address)	
8.	Bank Account No.	
9.	Account Type	
10.	Mode of electronic transfer available in bank branch (RTGS / NEFT / ECS / CBS)	
11.	IFSC Code	
12.	MICR Code	

NB(Note well):-Enclose photostat copy of the first page portion of Bank Passbook wherein Account No., IFSC and MICR code numbers are visible.

Account number has been verified by me

Signature :

(Bank branch maintaining the Account)

Seal

Name of the student :

Class and Section :

Roll No. :

Name of the school :

with address.

ANNEXURE - II

**ACQUITTANCE / PRE-STAMPED RECEIPT (PSR) /
PRE-RECEIPT / ADVANCE RECEIPT**

(Form of Acquittance for amount to be received through electronic transfer)

Received a sum of Rs.

(Rupees.....)

.....) only

electronically from (DDO)..... on account

of the above amount sanctioned by the Department of Tribal Affairs & Hills, Manipur vide letter

No..... dated

Place :

Date :

Signature

Name of the student :

Class & Section :

Roll No. :

Name of the school :

with address.