

ECONOMICALLY STATE POOR PERSONS SCHOLARSHIPS (Limited to budget availability)

Income Limit Rs.12000/P.A. Degree	University 185/P.M. 225+(25)P.M (25 Pocket Money)	Private 150/P.M. 150/P.M.	Day-Scholar 120/P.A. 120/P.A. (Arts I year) 200/P.A. (Arts II Year)
Prof Course	225+(25)P.M. (25 Pocket Money)	150/P.M.	200/P.A. Science I & II Year
M.Phil.	225+(25)P.M. (25 Pocket Money)		

FORM
ECONOMICALLY BACKWARD SECTIONS

Name of the student: _____ Space for the Use of the office.

Class: _____

Name of the Institution: _____

Granted
B.and L. Charges:Rs.
Non-Residential:Rs.
Total: Rs.

SANCTIONING AUTHORITY

GOVERNMENT OF ANDHRA PRADESH
DEPARTMENT OF COLLEGIATE EDUCATION

Last date for receipt of applications notifications as notified by the Commissioner/Director of Collegiate Education.

APPLICATION FORM FOR STATE POST-MATRIC SCHOLARSHIPS TO ECONOMICALLY BACKWARD SECTIONS

(Residential/Non-Residential Scholarships)

N.B. : All the columns in the application form should be filled up. Any omissions is liable for rejection of application.

1. Name of the applicant.
(BLOCK LETTERS)
2. Whether belongs to Economically Backward sections.
3. Native place with Taluk and District
(full address to be given)
4. Date of birth.
5. Is the applicant's father alive?
(b) If alive, furnish the following :-
 - (i) Name of the Father.
 - (ii) Full address.
 - (iii) Occupation.
 - (iv) Annual Income.

- (c) If father is not alive furnish the following:-
- (i) Name of the Guardian.
 - (ii) Full address.
 - (iii) Occupation of Guardian.
 - (iv) Annual Income of Guardian.
 - (v) Relationship to the Guardian.
- (d) Monthly salary of the candidate, if employed and particulars of his employment.
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6. Percentage of marks obtained by the applicant in the last annual examination subject-wise.
Name of the High School/College/University.

Name of the Examination:

Roll No.

Years of passing.

Serial No.	Subject.	Total No. of marks allotted	Marks obtained.	Average No.of Marks obtained.
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**SIGNATURE OF THE HEAD OF THE INSTITUTION
(SEAL OF THE INSTITUTION.)**

7. Class and School in which the student studied last year. Whether passed or failed?
8. (a) Name of the Institution in which the candidate is at present studying.
- (b) Whether recognized or private?
- (c) Class in which the candidate is now studying.
- (d) Date of admission in the class now studying.
- (e) (i) Duration of the course
(ii) Date of commencement of the course.

9. Whether the candidate is in receipt of any scholarship or financial aid from any source, if so the nature, amount and the source from which it is received.
10. Name and place of District or Sub-Treasury through which the payment of Scholarship is desired.
11. Fees required to be paid by the candidate.
 - (a) Tuition Fees.
 - (b) Examination Fees.
 - (c) Other Fees.
12. (a) Name and place of the hostel in which the candidate is residing .
 - (b) Distance of the hostel from his native place(with address).
 - (c) Whether recognized ? If so, by whom?
 - (d) Whether attached to the Institution? If so, name of the Institution ?
 - (e) Date of joining the hostel, is he continuously staying in the hostel after admission.
Monthly charges payable.

Certified that I have verified the particulars of income and caste of the student with those furnished to the college at the time of admission and other particulars furnished in the application are correct to the best of my knowledge.

SIGNATURE OF THE CANDIDATE.

NAME AND SIGNATURE OF
THE SECRETARY OR WARDEN

NAME AND SIGNATURE OF
THE HEAD OF THE INSTITU-
TION(WITH STAMP OR SEAL).

**PROFORMA NO . I
INCOME CERTIFICATE**

(For economically poor persons only)
(To be signed by a Tahsildar or Office of Higher Rank)

I do here by certify that I have on enquiry satisfied that the annual income of Sri _____

Father/ Guardian Sri _____

R/o. _____ Taluk _____ District _____

From all sources, as specified below, is Rs. _____

RUPEES(IN WORDS) _____

SOURCE OF INCOME

Lands.	Rs.
Buildings.	Rs.
Business.	Rs.
Salary of both wife and husband if both are employed	Rs.
Labour.	Rs.
Other Sources.	Rs.
(If any mentioned).	Rs.

Total Rs.	_____

RUPEES _____ ONLY)

PLACE:

DATE :

SEAL OF OFFICE:

Guardian's Income will be taken into consideration if the father is not alive.

PROFORMA NO. II
FORM OF DECLARATION PARENT / GUARDIAN

(N.B. : This declaration is to be given by the Parent only if alive, but not by Guardian.

I here by solemnly and sincerely affirm that the statement made and information furnished in my son's / daughter ward's application form for scholarship/educational concession as also in all enclosures there to submitted by mer him/her are true. Should it however be found at any time the any information furnished there is false in material/particulars, I agree to the amount of the grant/ of scholarship /educational concession to me/ my son/daughter was being recovered from me as arrears of land revenue and the Government debarring me my son/daughter/wardd from being entertained in Government service.

SIGNATURE OF THE CANDIDATE'S
PARENT/GUARDIAN.

STATION:

DATE:

NAME IN(BLOCK LETTERS)

ADDRESS: