Data entered on

GOVERNMENT OF ANDHRA PRADESH

DEPARTMENT OF SOCIAL WELFARE

APPLICATION FOR POST-MATRIC SCHOLARSHIP FOR SCHEDULED CASTES AND DALITH CHRISTIANS

Academic Year :

Full Name : _____

To be filed in block letter (by the candidate)

PERSONAL DATA

Sex (M / F) : _____

Religion : _____

Community (SC/HC) : _____

Sub- Caste : _____

Space for Latest Photograph to be attested by the Head of the Educational institutions

Whether employed (Yes / No) _____ Income from employment Rs. _____ per year.

FAMILY DATA

Sl.No.	Family Member's Name	Occupation	Annual Income	Remarks
1	Father :			
2	Mother :			
3	Spouse :			

Total Family Income Rs :_____

Permanent Address : _____

_____

_____

EDUCATIONAL DATA

Whether passed - SSC or CBSE/ICSE/Matric/Other State Board : _____

Registration No. in SSC or equivalent exam : _____

YEAR-WISE PARTICULARS OF STUDY FROM SSC ONWARDS

S.No	Year of Study	Course of Study	Result	% of marks	Name & address of College
1					
2					
3					
4					
5					
6					
7					
8					

Signature of the Student

(To be filled by the Educational Institution)

1. Name of the Institution : _____

2. Whether Govt. Institution? (Yes/No)_____ If private, whether aided ?(Yes/No)__

3. Course : _____ 4. Duration of the course : [ ]

5. Year of study: [ ]

6. Date of admition in the instution : [ ][ ][ ] Admission No. : [ ]

7. Whether the student is staying in the attached hostel or Social Welfare Department hostel if so date of Admission : [ ][ ][ ]

8. Whether stays in student managed hostel or a day scholar _____

9. Distance between College and Native places : (in Kms.) _____

10. Particulars of Fee payable by the Student :

	Item	Amount in Rs.
a	Tuition fee	
b	Payment seat fee (Professional Courses)	
c	Fee for self financing course	
d	Special fee	
e	Examination fee	
f	Games fee	
g	Library fee	
h	Computer fee	
i	Other fee	
Total fees chargeable		
(in words) Rupees: _____ _____		

Our institution is recognized by / affiliated to _____
vide No. _____

Certified that the fee claimed above is same as being charged by our institution for all other students studying in the same course.

The contents of the application have been verified to the original documents submitted by the candidate to the institution and the photo copies of the same are enclosed herewith

Encl: 1) Copy of cast and nativity certificate.
2) Income declaration by the parent.
3) Copy of SSC Marks Memo.
4) Copy of the certificate/Marks memo of the course last studied.

Telephone No.: **Signature with Seal &**
Place: **Name of the Principal/Head**
Date: / / **of the Educational Institution**

***N.B:-** **The candidate is eligible for all types of fees charged by the institution except the refundable caution deposit.**

VERIFICATION REPORT OF ASSISTANT SOCIAL WELFARE OFFICER OR ANY OTHER RESPONSIBLE OFFICER

1. Verified the contents of the application and also college records. & Physically identified the students and hereby certify the following:

2. S.S.C / Other equivalent examination's Regd.No. is CORRECT:

3. Particulars of caste is CORRECT.

4. a) Applicant is promoted/not promoted during previous year.
   b) The student is a Local / Non-local as shown in the application.

5. Applicant is a DAY SCHOLAR/BOARDER OF SMH/BORDER OF CAH.

6. Caste : _____ Sub-caste: _____

7. Occupation of the Parent / Guardian
   as per admission form of the Institution: _____

8. Total annual income from all sources is Rs. _____

9. Distance between residence and the Institution in Km. _____

CERTIFIED THAT THE STUDENT IS A BONAFIDE STUDENT OF THE COLLEGE HE/SHE IS RESIDING IN THE SMH/CAH AS PHYSICALLY VERIFIED BY ME ALONG WITH THE FOLLOWING ORIGINAL CERTIFICATES AND FOUND CORRECT

1. Transfer Certificate :
2. Memo (SSC) :
3. Caste :
4. Income :
5. Recommended / Not Recommended :

SIGNATURE OF THE ASSISTANT SOCIAL WELFARE OFFICER/ VERIFYING OFFICER

Strike off whichever is not relevant. (CAH=College Attached Hostel. SMH=Student Managed Hostel)

Note: The verifying authority should fill up the columns, otherwise he will be personally held responsible if anything goes wrong.

Scholarship sanctioned for the period from_____ to _____ DS/SMH/ CAH

Amount

1) Maintenance Charges @ Rs. P.M: _____
2) Fees : Rs. _____
3) Total : Rs. _____

CLERK **SUPERINTENDENT** **DIST. SOCIAL WELFARE OFFICER**