विकलांग विद्यार्थियों को छात्रवृति

(Scholarship to Disabled Students)

APPENDIX-I

Government of Himachal Pradesh
Social Justice & Empowerment Department.

Application form for the Award of Scholarship to the Physically Handicapped Persons.

Application duly filled in must reach the District Welfare Officer of the concerned District not later than

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The application received there after, will not be entertained.

1. Name in full (in block letters):
2. Father's Name:
3. Guardian Name:
4. Residential address:
5. Permanent address:
6. Date of birth (in Christian era):
7. Whether belong to Scheduled Caste /Tribe:
8. Parents/Guardian's profession:
9. Total monthly income of both parents/guardian:
10. Particulars of last examination passed:

Name of examination	Year	Subject	Name of Institution	Name of Board/University
1.	2.	3.	4.	5.

11. Please state if you have been in receipt of any scholarship from any other source, if so indicate.
    (i) The source.
    (ii) Monthly amount.
12. Have you ever received scholarship under the scheme?
    If yes , indicate :
    (i) Amount paid per month:
    (ii) Date of engagement:

Date:- Signature of applicant.

DECLARATION TO BE SIGNED BY THE FATHER /GUARDIAN OF THE CHILD.

I hereby declare: -

(i) That the particulars given regarding my ward Shri/Km.---------- in the application are true the best of my knowledge and belief , and that no material information has been concealed or withheld which has a bearing on selection.

(ii) That my ward shall not accept employment's, scholarships or any other financial assistance or grant-in-aid other source during the tenure of the scholarship if awarded to him/her under the above scheme.

Signature of the parent/guardian.

APPENDIX-II

Medical Certificate for Physically Handicapped Persons.

Certified that the State/District Medical Board at State/Zonal / District Hospital ----------(H.P.), examined the candidate whose signature and particulars are given below:-

Name ----------S/O, D/O, W/O Shri ----------Age----------

----Sex----------Address ----------R/O Village ----------P/O -------

----------Tehsil----------District ----------(H.P.).

Signature of Candidate: -

Identification Mark of Candidate:

Category of Disability :-

1. Blindness
2. Low Vision
3. Hearing impaired
4. Locomotion impaired
5. Mental illness
6. Mental Retardation
7. Leprosy cured.

Nature of disability:

Permanent /temporary
mild, moderate , severe , profound/total

Validity of certificate:-
(specify the date in case
of temporary disability)

Extent of Disability :-
Other particulars clarifying the disability
including the percentage of disability :-
Aids /Appliances recommended , if any :-

(1) Member concerned specialty
Signature ----------
Stamp

Stamp size photograph
of candidate

(2) Any other members
Signature ----------

Stamp

(3) Chairman
Signature ----------
Stamp

Date :

APPENDIX-V

INCOME CUM HIMACHALI CERTEFICATE (VIDE RULE 7 (b) (ii)

Certified that the total combined income from all sources of both parents/guardians of

Shri / Km. ----------(Name of candidate) resident of ---------- ----------is Rs. ----------per month.

Further certified that the parents of said Shri/Km. ----------are bonafied resident of Himachal Pradesh.

Signature of Revenue Officer
with seal.

APPENDIX-VII

Annual progress report of disabled scholarship for the year ending----------

Certified that Shri/Km. ----------S/O, D/O Shri ----------
Student of ----------class/course of this school /college appeared in the annual examination held during the month ----------He/She was declared successful/ unsuccessful in the examination.
Shri/Km. ----------has now been admitted in ----------
class/ course.
The approximate date of termination of the course /class will be ----------
----------.

Signature of Headmaster/
Principal.

CERTIFICATE BY PRINCIPAL /HEADMASTER OF THE SCHOOL/INSTITUTION

Certified the Shri/Km. ----------S/O, D/O Shri ---------- --------is a regular student of Class/Course ----------in this school /Institution.He/She was admitted in this school /Institution ----------His /Her performance in studies has been found satisfactory.

Signature of Principal/
Headmaster of school/
Institution with seal.