



# GOVERNMENT OF HARYANA

## WELFARE OF SCHEDULED CASTES AND BACKWARD CLASSES DEPARTMENT.

APPLICATION FORM FOR POST MATRIC SCHOLARSHIP TO SCHEDULED CASTES &  
OTHER BACKWARD CLASSES FOR THE YEAR

20.....

The candidates are advised to submit their application to the  
Principal concerned of their institution not later than last date of submission.

**Government of India Scheme of  
Post Matric Scholarship for Scheduled Castes &  
Other Backward Classes  
PART - A**

Passport size  
Photograph with  
Signature of  
Candidate attested  
by HOD/Principal

1. Name in full (in Block letters):  
Shri/Shrimati/Kumari

2. Father's/Husband's name :

3. Nationality :

4. Caste/Sub-Caste

State where permanently settled : UID/EID No.

District State

Full Address

E-mail Address

Mobile/Phone No.

Name and address of the guardian and relationship with applicant :

Name

Relationship

Address

5. Name of the institution where student is studying

(a) Year of Admission (b) Course/Trade (c) Class/Semester

(d) Tuition Fees Paid		
Name of Course/Class/Semester	Actual Tuition fees paid	Fixed by State Fee Committee

(e) Other charges paid as per State Fee Committee (attach the detail of fee structure)		
Item	Actual other charges paid	Fixed by State Fee Committee



Hostel Charges, if applicable.

Actual Hostel Charges Paid	As per Scheme given by Govt.
Lodging	
Boarding	

(vi) Result of Examination Passed.

Session				
% of Marks obtained				

Signature of Applicant

Signature of HOD/Principal  
(with Seal)

11. (i) I/we hereby declare that I/we have read the regulations of the scheme and agree to abide by the terms and conditions of the award. I/we certify that the statements made in the application are correct and if any of them is found to be incorrect by the authority whose decision will be final and binding on me/us. I/we undertake to refund to the said authority on demand the entire amount of scholarship received by me/us or over paid to me/us, failing which the said authority may recover the amount from me/us through whatever means it deem proper. That I have not claimed the benefit from any other schemes.

(ii) I/we further undertake that his/her application is being submitted for the above scholarship for first time for the present class.

Date :

(i) (a) Signature of applicant

Place :

(ii) (a) Signature/left/right hand thumb  
Impression of the parents/guardians.

### PART-B

(To be filled by the Head of Institution)

Certified that :

- (i) Information given by the applicant in Part-A has been checked and found correct/has been corrected in red-ink.
- (ii) The course in which the applicant is studying in this Institution is a post matric one.
- (iii) This Institution is affiliated to \_\_\_\_\_ University/Board and is recognized by the Government of India/State Government \_\_\_\_\_ that applicant is studying \_\_\_\_\_ course in this Institution and the minimum qualification required for admission to that course is a pass in the \_\_\_\_\_ examination.
- (iv) \_\_\_\_\_ Certified that no eligible student studying in the institution is left out for grant of Scholarship and this list may be treated as final.
- (v) Certified that the scholarship for the stipended holder named above have been regular in attendance and have confirmed to the rules under which their scholarship of their stipend are granted.
- (vi) Certified that the eligibility of the student have been rechecked discrepancy is noticed/discrepancy noticed has been reported to the department *vide* letter No. \_\_\_\_\_ dated \_\_\_\_\_.

I undertake that the scholarship amount in respect of the applicant if and when placed at my disposal will be disbursed by me for the specific purposes for which it is given and the accounts will be regularly rendered to the authority which awarded the scholarship. In case the applicant leaves/migrate the Institution or otherwise discontinues the studies or accepts any other regular scholarship/stipend, the facts will be immediately reported to the said authority and payment of scholarship to the applicant will also be discontinued. The undisbursed amount lying with the Institution on account of maintenance charges, fees etc. will also be refunded to the Government account No. \_\_\_\_\_

_____	_____
_____	_____

Place \_\_\_\_\_

Dated \_\_\_\_\_

Signature of the Head of Institution \_\_\_\_\_

Name in capital letters \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

(Seal of the Institution)

**Check list of Document attached :**

- i. Caste/Tribes and income certificate \_\_\_\_\_
- ii. Income declaration/certificate \_\_\_\_\_
- iii. Attested copies of marks sheet/certificate \_\_\_\_\_
- iv. Hostel certificate from the warden concerned (Applicable only to scheduled caste candidates) \_\_\_\_\_
- v. Attested Copy of Ration Card \_\_\_\_\_
- vi. Attested Copy of Domicile Certificate \_\_\_\_\_
- vii. Copy of receipt of tuition fee/other charges \_\_\_\_\_

51426—S.C.&B.C.—H.G.P., Chd.