

Prof. Amit Choudhury Director

# POST MATRIC SCHOLARSHIP Scheme of Govt. of Assam 2018-19

For SC Students/ learners admitted to P.G. Courses of GUIDOL in 1st semester / Previous Year 2018

#### Date of issue of form from GUIDOL helpdesk: 28/11/2018

(Note: Application Forms can also be downloaded from GUIDOL website <u>www.idolgu.in</u>)

#### Last Date of Form submission details:

- 1. For GUIDOL (Gauhati University Campus) learners, last date of submission of filled-in Application Form at GUIDOL (Accounts section) (Room No: 105) is 07/12/2018.
- 2. For GUIDOL authorized Study Centres: Learners can also submit filled-up Application Form at authorized Study Centres of GUIDOL. Each Study Centre shall notify the last date of submission of forms by the learners at the respective Study Centres. The authorized Study Centre shall submit consolidated details of the filled-up forms in the filled in the certified format (both Soft & Hard Copy) at GUIDOL Accounts Section latest by December 7, 2018.

## IMPORTANT

Hard copy of forms will be issued from GUIDOL Help Desk only on producing of original GUIDOL admission receipt.

#### Document to be enclosed along with the filled up form:

- 1. Xerox Copy of Bank Passbook with IFSC Code (Only SBI Account).
- 2. Xerox Copy of GUIDOL Identity Card and GUIDOL Admission Receipt.
- 3. Xerox Copy of Degree (B.A. / B.Sc/B.Com) Final Year Mark-sheet (Self attested).
- 4. Xerox copy of Caste Certificate (Self attested).



Gopinath Bardoloi Nagar, Guwahati- 781014 : Assam Tel : 0361-2573887, Mobile : 88110-92694, E-mail : director\_idol@gauhati.ac.in Toll Free No : 1800-345-3614

# APPLICATION FORM

# FOR POST- MATRIC SCHOLARSHIP TO THE SCHEDULED CASTES STUDENTS OF ASSAM PURSUING POST MATRIC COURSES DURING \_\_\_\_\_\_ YEAR

# LATE, INCOMPLETE OR DEFFECTIVE APPLICATION WILL BE SUMMARILY REJECTED

N. B.- This application should be submitted to the Project Director I.T.D.P. (Local) through the Head of the Institution.

DIRECTOR, WELFARE OF SCHEDULE CASTES (IN CASE OF STUDENTS STUDYING OUTSIDE THE STATE) Applicant must affix a passport size a photograph with his/her signature thereon.

# PART A

# (TO BE FILLED IN BY THE APPLICANT IN NEAT AND LEGIBLE HANDWRITING)

	S. A/B. SC 43. UOM			
1.	(a) Name of the applicant in	n full :		
	(in block capital letters)	)		
	(b) Bank A/C No :		(c) IFSC No	:
	(d) Name of Bank :			
2.	(a) Name of the Institution	where the student is stud	lying during 20.	
8.	M.A.M.Sc./M.Com.etc.			
	(b) Class:	Roll No	. :	
3. `	Date of birth :			
	(attested copy of the birth of	certificate to be enclose	d)	
4.	Whether a SC disabled stu	udent		Yes/No
	(If yes, enclose a certificate	e from a competent auth	nority)	
5.	Whether you are pursuing	a correspondence cour	se	Yes/No
6.	Father's/Husband's name in	1 full :	••••••	
	(In case of married girl stud	dent, husband's particul	ars are Invariab	ly required)
	(I) Occupation :			
7.	(a) Permanent address -	Village/Town :		
	(ii) Courties - study: Vict	P.O. :		P.S. :
		Dist. :	6 8 21 0	
		Municipality Ward No	). ;	
	(b) P. O. :	P.S.		
	Mouza :	District :	Municipa	lity Ward No. :
8.	Applicant's occupation, if an	y	••••••••	
9.	Who supports you in studie			
	(i) Name :		(ii) Occu	pation :
	(iii) Full address :	Cartificate (Annexure -		

MROT M(2) TAGUARA

# Name of your own brother/Sister receiving post Matric Scholarship under this Scheme during (

Serial No.	I Name of the Student I		Schola with all	Whether in receipt of Scholarship Particulars with allotted Number and whether fresh or renewal		
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9. Year of the last University/Board/Annual Examination Passed .....

- (b) Whether you studied in any institution after passing the last annual/final examination, and if so, name of the institution
- (c) Were you awarded scholarship for the course which you could not complete?.....

# 10. Particulars of examination from Matriculation or onward

Examir Taken	ation	Date in which examination	Year in which Whether examination passed	Whether University a- Board or Class examination	Percentage marks secured in the examination	<ul> <li>Class or division obtained in the examination</li> </ul>	Name of the Institution from which passed
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6. BU	H.S.I	L Certificate	hose devision	by the authority, w	d treatoani cate	ashti zi talse	
2.							
		indary School ing Certificate.					
		-					
3.		n School ficate					
		nination					
4.		B.Sc./B.Com					
5.	1st N	I.B.B.S./Engg.	ature of the <b>R</b>				
		B.S.					
6.	M.B.	B.S.					
7.	M.A.	/M.Sc./M.Com.	Prevo				
8.	M.A.	/M.Sc./M.Com.	etc.				
9.	B.T./	LL.B. Prel/Int					
1		- stenensho					
10.		other					
		-Matric se with name					
11.		espondence Co			a.		8
	(ivan	ne of the course	e)				
12.	Whe	ther you are/we	re in receipt of	scholarship under		me in this/the pre	eceding years(
	Yes	or No		INCOME CERT	31		
	If Yes	s, please furnis	h-	NNEXURE I			
	(i)	Name of the sc	holarship sche	me			
	(ii)	Course of study	y: With the Na	me of the institutio	ons for which so	holarship was g	ranted
				acar in case of c			
	(iii)	Year and class	of scholarship	enjoyed last	didngina	et el en n. 1	
	(iv)	Sanctioning No	and date	THE SUB-DIVISI	304 2124		
				droQommissioner			
13.		-		he Institution : Yes			
	(i) if y			therefore, advise			••••••
ster	_			the isuing authori			
14.		uments to be at					
	(i) P	art "B" of applic	cation form dul	y completed and	signed by the h	ead of Institution	1.

(ii) Caste and Citizenship Certificate (Annexure -I)

Income Certificate (Annexure -II) Income declarations (Annexure -III) (iv)

(iii)

I/We hereby declare that I/We have read the regulations of the scheme and agreed to abide by the terms and conditions of the award. I/We certify that the statements made in application are correct and if any of them is found to be false and 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 overpaid to me/us failing which the said authority may recover the amount from me/us through whatever means it deems proper.

N.B If father/husband (in case of married unemployed woman), is alive signature of only father/ husband (as the case may be) is acceptable

Signature of the applicant (a) Signature/left/Right hand thumb impression of the parents/guardian.

(b) Full name in capital letters

Date:

Place :

(c) Relationship with the student.

# ANNEXURE I

#### CASTE CERTIFICATE

Note- (i) This certificate is to be signed by the DEPUTY COMMISSIONER OF THE DISTRICT OR SUB DIVISIONAL OFFICER (CIVIL) OF THE SUB-DIVIS\ION (Where the parents/ Guardian of the candidate is permanently residing) or Commissioner for Scheduled Castes/Tribes.

- (ii) This is a very important document as the scholarship is awarded mainly on the basis of this certificate. The issuing authority is, therefore, advised to issue this certificate, with due caution.
- (iii) The particulars must be filled in by the isuing authority in his own handwriting.

I certify that to the best of my knowledge Shri/Kumari/Shrimati (Name of the Student)..... ......

Son/daughter/wife of Shri (name of father	permanent r	esident of village	
P.OMouz			
District	State		
Shri/Kumari/Shrimati			(name of the student)
Belongs to the Caste		Sub-Caste	
and his/her religion is			
*** ignature of the Income Tax Officer			
C.O. / B D.O. / Mouzador /			
Employer / Propriotar			
Palce	*Signature of the	ne isuing authority	
Date	Full name in ca	apital letters	
	Address		
ed by Signature of DC.IS BO. Is BO.	Designation		
	Full Namo		
	Designation Address in full		
* Stamped signature will not be accepte		at he concerted	

ANNEXURE III

ST PARENTS DUARDIAN. WHEN PARENTS ARE ALIVE, PARENTS	tiger salati
This certificate in respect of the parent/guardian is to be issued by-	a je ûkarjê ji
(1) Circle Officer (Revenue) BDO/Mouzadar in case of cultivator.	
(2) Employer in case of Govt/Quasi Govt. Employees/Employees working in priv	ate sector.
(3) Income tax officer in case of Businessmen	ge d <sup>e</sup> moentet Di
Certified to the best of my knowledge that Shri/Srimati	
College, has applied for grant of a schotsyship	. father/mother/guardian/
husband of Shri/Srimati	(name of the
student) is a permanent resident of village	
P.O.:District	
State Assam. His/her	

anofession is	and big is used at a
	(brisdeurthemario enternational and his/hor total
annual income from all sources (includ	ling student's own earning, if any) in the preceding year ending 31st
March 20	was Rs.
Rupees	only.
name of the student	
Caste	-du2Sub-
	**Signature of the Income Tax Officer/
	C.O. / B.D.O. / Mouzadar /
	Employer / Proprietor
Seal	Full name
6 139	Designation
	Address
	Countersigned by Signature of DC.IS.DO.
	Full Name
Place	Designation
Date	Seal

\*\*Stamped signature will not be accepted.

# ANNEXURE III

# FORM OF DECLARATION OF INCOME FORM A

# (TO BE GIVEN BY PARENTS/GUARDIAN. WHEN PARENTS ARE ALIVE, PARENTS DECLARATION IS REQUIRED. FOR MARRIED FEMALE CANDIDATE HUSBAND'S DECLARATION IS REQUIRED)

Whereas m	y son/daughter/dependent/Shri/Shrimati (in case of married female	& candidate
Miss	Student of	
	College, has applied for grant of a	a scholarship
I, Shri	Son of Shri	•••••
	Address Village	
P. O		, declare that

my total annual income from an sources in the preceding year ending 31st March

I also affirm that particulars of property held by me are (as per details furnished in the Schedule hereunder) and that I have correctly indicated the amount of various taxes, cesses and land revenues paid by me. I make myself *personally* responsible for the accuracy of the facts and figures furnished.

I further undertake that in the event of the particulars given in this declaration being found to be false. I shall refund to the President of India, the whole amount of the scholarship paid to the (name of the student) ......and the Government's decision or whether the declaration or particulars is taken shall be final and binding on me.

l fui	ther declare that I am a perm	nanent resident of the stat	e of Assam
			carrying my professions
as	ture or left/Right thumb impr parents/guardian/husband a	Signal of the	
	/B.Com e	may b	
Place	S. Anigg. In		
			Signature
Date			Relationships to the Student
MATMIS.	1777 (C891) 1876 (C891) 1888	Adare	
		SCHEDULE	
			(as owner of tenant)
	N WHERE THE APPLICA	O OF SETINSTITUTIO	
I. EXTENT	OF LAND HEAD	STUDYING	
Cour(i)	Areas		
eize(ii).e	Village	oenco-ener(A) h. Mouz	a
(iii)	Survey No/Patta No		
(iv)	Land revenue assessed		
II. PROPEI		(House, shops, house	e-sites, etc.)
(i)	Brief description of the pror		
(ii)			n
(iii)			30 Rel.
(iv)			lage ed bronninger ne roll o
(v)	Nature of Business		
(v) (vi)			
(vi) (vii)			
(vii)	Trade Ferring Licence NO		
III. SALAR	IES DRAWN		
(i)	Name of the Employer		sterigen on the second second
(ii)	Office/Unit in which he/she	(is) working with designa	ition
	Monthly emoluments (inclu		

(a) Basic Pa	e preceding year ending 31st March ye	Rs
(b) Other All	owances	Rs
	the amount of various taxes, cesses and land n	
	(i) Income from part-time occupation	Rs
	(ii) Amount drawn as wages	Rs
	(iii) Any other income	
	and the Governments	Total Rs
	s biss on normy grass at series of bissing on me.	

**N.B.** If father/husband (in case of married) unemployed woman if alive, signature of father/husband (as the case may be is acceptable)

Place .....

Name .....

Signature or left/Right thumb impression of the parents/guardian/husband as the case may be

Date :..... Address :....

SCHEDULE

# PART -B

# TO BE FILLED IN BY THE HEAD OF THE INSTITUTION WHERE THE APPLICANT IS STUDYING

(i)	The statement made by the applicant in Part (A) are correct to the best of my knowledge. Caste
	certificate has been checked.
(ii)	Character, conduct and attendance of
	the applicant (general review)
(iii)	Whether regular pass or supplementary
	or provisionally promoted
(iv)	If provisionally promoted, the name of
	the back subject to be cleared
(v)	Whether you recommend the applicant
	for the award of scholarship
(vi)	Duration of the course in which the applicant is studying in your Institution
(vii)	Whether Degree/Diploma, Certificate/Trade professional course
(viii)	Date of commencement of the current
	Academic Session of the course
(ix)	Exact date on which the applicant joined
	That course/class this year
(x)	Likely date, month and year on which the annual examination the current session will be over
	(including practical subjects)

(xi)	<ul><li>(a) Is the applicant exempted from payme</li><li>(b) If yes Please, indicate whether exemption</li></ul>			
(xii)	If the applicant is residing in an approved hos			free board
(xiii)	Exact date of admission in the hostel.			
(xiv)	The name of the nearest branch of State Bank of the Bank account No. in respect of inside the desired should be stated here.			
(xv)	The designation and full address of the Head respect of the student may be sent.	of the Institution to whom t	he scholarship	amount in
(xvi)	The student is required to pay the following fee or from any other sources-		ursed by state (	Governmen
N.B.	The Head of the Institutions is to see	Course	Course	
wise	that no other fee charged excepting the	Amount payable for the year	Amount p for the	
	fee as listed below :- the brieght and an algorithm		Rs.	P.
	ship to the applicant will also be discontinued.	niorios la memora bas vin		
	pant of maintenance charge, lees, etc. Wil als	wit the Usefution on act	and the second	
(a)	Enrolment or Registration fee	- 300000 ·		
	Bank A/C No :			
(b)	(i) Tution fee-			
	(ii) Science or Laboratory, fee (if any)			
	non-refundable portion			
ition	of the Headof the institu	6 gnature		
(c)	Game fee	Million States in		
(d)	Union fee	itsnp/as/		
(e)	Library fee	Rear I I A		
(f)	Common Room fee			
(g)	Magazine fee			
(h)	Medical examination fee chargd by the institution			
(i)	Examination fee charged by the Institution/	SEAL OF THE	·	
17		and a start to the start of the start of the		

Stamped signature will not be accepted in a merel (a)

For use of the office of the Project Director. I.T.D.P., Assam

Amount passed for payment Rs..... Checked by ..... Signature of the Head of the institution

(1) Project Director I.T.D.P. .....Assam

(2) Director, Welfare

Director, Welfare of Schedule Caste, Assam

Certified that the Institution is affiliated to the
University/Board and is recognised by the Government of India/State Government of
Abrace ent of beltime a englishing according to the year of
minimum qualification required for admission to the course is passed in the
Examination.

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 purpose for which it is given and the accounts will be regularly rendered to the authorities which awarded the scholarship. In case the applicant leaves the institution or otherwise discontinue the studies or accepts any other regular shcolarship/stipends the fact 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 charge, fees, etc. Will also be refunded in the Government account.

*Signature of the Head of the Institution
Name in capital letters
Designation
Address

# SEAL OF THE INSTITUTION

# \* Stamped signature will not be accepted