



GOVERNMENT OF MEGHALAYA
OFFICE OF THE PROJECT DIRECTOR & STATE CO-ORDINATOR
SSIRPD, STATE RESOURCE CENTRE ON DISABILITY AFFAIRS,
CIVIL HOSPITAL, SHILLONG.

Email Address : src-meg@gov.in

Fax No. 0364- 2502092, Phone No. 0364-2500433



Application No. (_____)

(For Office Use)

Part – A (To be filled up by the candidate)

1. Name of the Candidate: _____
2. Name of the State: _____
3. Residential Address: _____
 - A. Permanent: _____

 - B. Temporary: _____

4. Institutional Address: _____

5. Male/ Female: _____
6. Educational Qualification: _____
7. Name of the Board/University: _____
8. Course applied for: _____
9. Duration of Course: _____
10. Type of Disability: _____
11. Percentage of Disability (As per the Disability Certificate): _____
12. Academic records (please attach copy of certificate) : _____
13. Family Income Certificate/Proof of Annual Income: _____
14. Attested Copy of Disability Certificate: _____
15. Course Fee receipt (if any) with break up items duly paid during the academic session. _____

****(photo copies of the documents should be attested)****

Signature

For official use

Course applied - Professional/ Non-Professional:

Qualification required for the course :

Marks obtained:



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APPLICATION FORM FOR SCHOLARSHIP FOR STUDENTS WITH DISABILITIES

1. Name: _____

(As in Matriculation Certificate/School Records)

Photograph
(Passport Size)
duly attested
by the Institute

2. Name of Parents:

Father: _____

Mother: _____

3. Address: _____

State: _____ Pin: _____

Telephone no. / Mobile No. : _____

4. Date of Birth: _____

5. Sex- please specify (M-Male, F-Female): _____

6. (i) Type of Disability (Please specify): _____

[(1) Orthopaedically Handicapped, (2) Hearing Handicapped, (3) Blindness or Low Vision, (4) Other Disabilities e.g. Cerebral Palsy, Mental Retardation, Multiple Disabilities, Profound or Severe Hearing Handicapped]

(ii) Percentage of Disability(Please enclose an attested copy of the Disability Certificate)

7. Permanent Residential Certificate: _____

8. Educational Qualifications:-

Examination Passed	Name of the Institution	Name of the Board / University	Major Subjects	Aggregate marks obtained & % thereof *	Class / Division
Matriculation / Secondary					
Sr. Secondary / Intermediate					
Graduation					
Others					

***** In case of grades, please mention equivalent % of marks and also enclose authenticated conversion formula. Photocopies of the documents should be attested.**

9. Course applied for (complete name): _____

i. Academic Session: _____

ii. Duration: _____

iii. Date of Admission: _____

iv. Attach the relevant documents. Photocopies of the documents should be attested.

10. Name and address of the Institution where the course will be under-taken:-

11. Details of Scholarship / Stipend / Financial Assistance being received for the same course (if any).

12. Details of Bank Account:

a) Name of the Bank: _____

b) Account Number: _____

c) Bank IFSC: _____

(Please enclose attested photocopy of the Pass- Book)

13. Attested copy of the Disability Certificate enclosed: Yes / No.

14. Course fee amount :

Enclose receipt (if any) duly paid during the academic session.

15. Please enclose the certificate/recommendation from the institution, duly signed by the competent authority.

I hereby declare that the information provided above is true to the best of my knowledge and I am aware that providing the wrong information will make me liable to legal action and recovery of the scholarship amount.

Signature of the Father / Mother

Name & Signature of the applicant

Date:

Place:

Enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.

For office use only

Course applied for: Professional/Non- professional:

Qualification required for the course:

Marks obtained:

(TO BE FILLED IN BY THE INSTITUTION)

Recommendation of the Institution

(Only one application per student is to be recommended)

1. Certified that Shri/Kum./Smt. _____ is studying the course of _____ which is a (please tick the relevant or specify) Diploma / Degree / PG level study / any other (please specify _____) and is presently studying in – I Year / II Year / III Year / Semester - _____ (Tick whichever is applicable)

The duration of the course is _____

2. The student is receiving scholarship / financial aid / stipend from _____ / not receiving any scholarship / financial aid / stipend from any other source as per the records of the Institute.

3. General conduct of the student is satisfactory / unsatisfactory.

4. The percentage of Attendance is _____% (for each Quarter).

5. The information furnished above by the student is in order and correct as per the records of the Institution.

Student's Signature: _____

Full name: _____

**Signature & Name of Head of the
Institution / Registrar / Dean**

Date: _____

Place: _____

Seal of the Institution

SCHOLARSHIP TERMS & CONDITIONS

1. The awardee under this scheme will not hold concurrently any scholarship/stipend. If already the awardee is required to exercise his/her option for choosing the scholarship that he/she prefers to avail and inform the amending authority. In case the awardee fails to inform the sanctioning authority will forthwith cancel the scholarship to withhold further payment as deem fit.
2. Scholarship will be awarded for only one course at a time.
3. The scholarship holders will have to submit a certificate every quarter to the office of the Project Director & State Coordinator, SRCDA, Civil Hospital, Shillong, from the institution that he/she is still pursuing the course, on the basis of which the scholarship will be released and deposited in the bank account of the awardee.
4. Scholarship holder will have a bank account in a Nationalized Bank (preferably State Bank of India - SBI).
5. Students who pursue their education through correspondence would also be eligible for the scholarship, provided it is a UGC recognised institution and recognised by the State Government.
6. A Dropout is liable to refund the scholarship to the office of the Project Director & State Coordinator, SRC, Civil Hospital, Shillong.
7. Any change in course will have to be intimated to the Project Director & State Coordinator, SRC, Civil Hospital, Shillong.

I, Shri./Smti. _____
son/daughter of Shri./Smti. _____
studying _____ (course) at _____
(Name of the Institution) do hereby certify that I have carefully read the above terms and conditions of the scholarship in sound mind and health and abide by its provisions.

Signature:

Name :

Date :

Place :