Application No.() (for official use)

PART - A (To be filled up by the candidate)

| (1) | Name of the Candidate | : | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------|
| (2) | Name of the State | : | |
| (3) | Residential Address | : | |
| (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 | : | |
| (12) | Academic records (Attach Copy of certif and Marks sheets – matric & above) | icate | Page No |
| (13) | Family Income Certificate/Proof of Annu e.g. salary slip, last income tax assessm | | Page No |
| (14) | Attested copy of Disability Certificate | | Page No |
| (15) | Course fee receipt (if any) with break up item duly paid during the academic sess | | Page No |
| (16) | Hostel Certificate or Certificate from the owner in case of accommodation hired b least by a group of 3 students living toge with common mess arrangement. (Certif | by at ether | Page No |

*(Photo copies of the documents from S.No.12 to 15 should be attested by the Gazetted officer)

| | | | (Signature) |
|-------|---------------------------------------|----------|-------------------------------|
| | (For o | official | use) |
| (I) | Course applied for | : | Professional/Non-Professional |
| (II) | Qualification required for the course | : | |
| (III) | Marks obtained | : | |

Government of India Ministry of Social Justice & Empowerment

National Scholarship for Persons with Disabilities (2007-08)

Applications (in Hindi or English) in the prescribed proforma are invited from students with disabilities for financial assistance for pursuing higher and technical education. Eligibility conditions etc. for the Scholarship as follows:

I. Eligibility: -

- Financial assistance will be available to Indian students with at least 40% disabilities certified as per definition under Persons with Disabilities Act 1995.
- (2) Financial assistance will be given for pursuing post-Matric/Post-Secondary technical and professional courses including Ph.D & M.Phil from recognized institutions. However, for students with disabilities of Cerebral Palsy, Mental Retardation, Multiple Disabilities, and Profound or Severe Hearing Impaired, the minimum educational qualification will be class <u>VIII pass</u> and scholarship will be awarded to them for pursuing general, technical, vocational or professional courses.
- (3) Scholarship will be awarded to one student for pursuing only one course.
- (4) Financial assistance can be given for computer with editing software for blind/ deaf graduate and postgraduate students pursuing professional courses and for support access software for cerebral palsied students.
- (5) Continuation/ renewal of the award for next year will depend on successfully completing the course in the preceding year with minimum 50 (fifty) percent marks.
- (6) The Assistance under this Scheme is not intended for Post-Matric/Post Secondary Technical/Professional courses having duration of less than one year.
- (7) A scholarship holder under this scheme will not concurrently hold any other scholarship/stipend. If already any other scholarship/stipend awarded, the student is required to exercise his/her option for choosing

the scholarship that he/she proposes to avail and inform awarding authority about the same.

(8) Monthly family income of the beneficiary <u>should not be more than Rs.</u> <u>15,000/- from all sources.</u> Family income includes income of the <u>parent/guardian.</u>

II. Awards: -

Upto five hundred awards are be given annually through institutions in which students are pursuing studies/courses. Scholarship will be given to different categories of disabled students as under:

- (1) Students with orthopedic disability
- (2) Students with blindness or low vision
- (3) Students with hearing disability
- (4) Students with Cerebral palsy, Mental Retardation, Multiple Disabilities, Profound or Severe Hearing Impairment

Amount of scholarship will vary among courses and will also depend on availability of hostel/residential facility with the institution. The details are given below:

(Rs. Per month)

| <u>S.No</u> | Courses of Study | | <u>Day</u> scholars s/ month) |
|-------------|------------------------------------|------|-------------------------------------|
| (1) | PhD/M.Phil and post | 1000 | 700 |
| | graduate/graduate level courses in | | |
| | Engineering/Indian and other | | |
| | systems of medicine/ | | |
| | Agriculture/Veterinary/ IT/ | | |
| | Biotechnology, Education | | |
| | Management/Architecture, | | |
| | Physiotherapy, Music and other | | |
| | professional courses | | |

- (2) Diploma and certificate level 700 400 professional courses
- (3) In respect of students with cerebral 700 400 palsy, mental retardation, multiple disabilities and profound or severe hearing impairment, for pursuing general/professional/technical/vocati onal courses after class VIII

III. The students will also be reimbursed the course fee subject to a ceiling of Rs.10,000/- per year.

Besides students living in the hostel/residential facility provided by the institutions, those students will also be considered as hostellers who live in accommodation hired at least by a group of 3 students living together with common mess arrangement. Such students will have to furnish a certificate in this regard countersigned by the head of the institution and a certificate from the owner of the house in case of own arrangement or accommodation taken on rent.

IV. Applications for the scholarship is required to be submitted in as per <u>the</u> <u>prescribed proforma Annexure 'A'</u>. Applications for renewal/continuation of award are to be submitted in the <u>prescribed proforma as per Annexure 'B'</u>. No <u>other proforma is to adopted for making the application</u>. **The last date for receipt of application for new cases as well as renewal/continuation is 15th** <u>October, 2007.</u>

V. List of enclosures (attested copies only):

(i) Academic records (attested copy of certificates and Marksheets-matric & above), (ii) Family Income Certificate/ Proof of annual income, e.g. Salary Slip, last Income tax Assessment order, (iii) attested copy of Disability Certificate (iv) Course fee receipt (if any) with break up of each item duly paid during the

academic session (v) Hostel Certificate or certificate from the house owner in case of accommodation hired by at least by a group of 3 students living together with common mess arrangements.

VI. Applications for the scholarship may be sent to the Director(DD-IV)
 Ministry of Social Justice & Empowerment, Shastri Bhavan, New Delhi-110 001.
 A Student should submit only <u>one application</u> alongwith all the relevant documents together with recommendations of the Institute concerned.

Applications for the award of scholarship will be countersigned and recommended by the head of the institution in which the applicant is enrolled for study. Details and forms can also be downloaded from the Ministry's website <u>www.socialjustice.nic.in</u> or may be obtained from DD-IV Section, Ministry of Social Justice & Empowerment, Room No.622, 'A' Wing, Shastri Bhavan, New Delhi-110001.

Applications received after the last date i.e. 15.10.2007 and incomplete applications (without requisite documents) will not be considered.

• • • •

ANNEXURE - A

<u> PART - B</u>

Application for award of scholarship to fresh students with disabilities(2007-08)

| | (All information should be given either in English or in Hindi only) | |
|-----|----------------------------------------------------------------------|--|
| Nor | | |

| 1. | Name | |
|----|--------------------------------------------------|-----------------------------------|
| | (As in Matriculation certificate/school records) | Photograph (Passport size) |
| 2. | Address | duly attested by the Institute |
| | StatePin | |
| | Tele no.(if any) | |
| 3. | Date of Birth | |
| 4. | Sex please specify (M-Male, F-Female) : | |

5. (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)

| Examination | Name of the | Name of the | Major | Aggregate | Class/ |
|--------------|-------------|-------------|---------|------------|----------|
| Passed | Institution | Board/ | Subject | marks | Division |
| | | University | S | obtained & | |
| | | | | % thereof* | |
| Class VIII | | | | | |
| Matric/ | | | | | |
| Secondary | | | | | |
| Sr. | | | | | |
| Secondary/ | | | | | |
| Intermediate | | | | | |
| Graduation | | | | | |
| Others | | | | | |

6. Educational Qualifications: -

| | * In case of grades, please mention equivalent % of enclose authenticated conversion formula | marks a | <u>nd also</u> |
|-----|------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| 7. | Family Income per annum <u>(in Rs.)</u> Income Certificate) | _(please | enclose |
| 8. | (i) Course applied for (complete name) (ii) Academic Session (iii) Duration (iv) Date of Admission | | |
| 9. | Name and address of the institution where course will be | under-tak | en: - |
| | | | |
| 10. | Whether hosteller or a day scholar please specify(If hosteller, please specify whether provided by the i arrangement and address of t | | |
| | | (please | |
| | enclose certificate) | | |

- 11. Details of Scholarship/Stipend/financial assistance being received for the same course (if any).
- 12. Any other information applicant wishes to provide.

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

Name & Signature of the applicant

Date:

Place:

Enclosures:

- 1.
- 2.

3.

- 4.
- 5.

(TO BE FILLED IN BY INSTITUTION)

Recommendation of the institution

(only one application per student is to be recommended)

1. Certified that Shri/Kum./Smt. ________ is studying course of _______which is (please tick the relevant or specify) Diploma/Degree/PG level study/any other (please specify ______) and is presently studying in -

(Tick whichever is applicable) I Year II Year III Year IV Year

The duration of the course is _____

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

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

4. General conduct of the student is satisfactory/ unsatisfactory (please strike out whichever is not applicable)

Signature & Name of Head of

Institution /Registrar/Dean

Date: _____

Place: _____

Seal of the Institution

Annexure-B

PART-B

Application for <u>Continuation/Renewal of award of National Scholarship for</u> <u>Persons with Disabilities (2007-08)</u>

| (All | information should be given either in English or in Hindi only) | |
|------|-----------------------------------------------------------------|---------------------------------------------------|
| 1. | Name | Photograph (Passport size) duly attested by |
| 2. | (As in Matriculation certificate/school records) Address | the Institute |
| | StatePin | |
| | Tele no.(if any) | |
| 3. | Date of Birth | |
| 4. | Sex please specify (M-Male, F-Female) : | |
| 5. | (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, Profound or Severe Hearing Handicapped

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

6. Educational Qualifications: -

| Examination | Name o | of | Name of the | Major | Aggregate | Class/ | |
|--------------------------------------------------------------------|-------------|----|-------------|----------|------------|----------|--|
| Passed | the | | Board/ | Subjects | marks | Division | |
| | Institution | | University | | obtained & | | |
| | | | | | % thereof* | | |
| Class VIII | | | | | | | |
| Matric/ | | | | | | | |
| Secondary | | | | | | | |
| Sr. Secondary/ | | | | | | | |
| Intermediate | | | | | | | |
| Graduation | | | | | | | |
| Others | | | | | | | |
| * In case of grades, please mention equivalent % of marks and also | | | | | | | |

* In case of grades, please mention equivalent % of marks and also enclose authenticated conversion formula

- 7. Family Income per annum <u>(in Rs.)</u> (please enclose Income Certificate)
- 9. Name and address of the institution where course will be under-taken.
- 10. Whether hosteller or a day scholar, please specify______ (If hosteller please specify whether provided by the institution or own arrangement and address of the hostel):

(please enclose certificate)

- 11. Details of Scholarship/Stipend/financial assistance being received for the same course (if any).
- 11(a). If in receipt of Scholarship from the Ministry of Social Justice & Empowerment, please indicate **the year** and **registration number of the application** (if any)
- 12. Any other information that the applicant wishes to provide :

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

Name & Signature of the applicant

Date:

Place:

Enclosures:

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

(TO BE FILLED IN BY INSTITUTION)

Recommendation of the institution

(only one application per student is to be recommended)

1. Certified that Shri/Kum./Smt. _______ is studying course of _______which is (please tick the relevant or specify) Diploma/Degree/PG level study/any other (please specify ______ and is presently studying in -

(Tick whichever is applicable) I Year II Year III Year IV Year

The duration of the course is _____

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

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

4. General conduct of the student is satisfactory/ unsatisfactory (please strike out whichever is not applicable)

Signature & Name of Head of

Institution /Registrar/Dean

Date: _____

Place: _____

Seal of the Institution