

2015-16
Last date of submission
31st October, 2015

RENEWAL APPLICATION FORM

Post Matric Scholarship to Scheduled Tribe students
(Sponsored by the Ministry of Tribal Affairs, Govt. of India)

PART - A

[**Part-A** is to be filled in by the applicant in his/her own handwriting]

Recent
Passport size
Photograph
with applicant's
signature thereon

To
The Director,
Tribal Affairs & Hills (Tribal Affairs Division),
Government of Manipur, Imphal - 795 001.

Sir,

I received Post Matric Scholarship for the academic sessionand I request you for renewal of the same for the academic session of 20....- 20.... **Aadhar Card No.**(copy enclosed)
My particulars are given below :-

1. (a) Full name [in BLOCK LETTERS] :
(b) Date of birth (enclose Class-X Certificate) : / / (c) Name of Tribe:
(d) Religion : (e) Nationality: (f) **Mobile Phone No.**
(g) Full permanent address :village/town, Sub-Div.,
.....District, Manipur. (h) **E-mail ID** :
2. (a) Father's name :
(b) Occupation :
(c) Mother's name :
(d) Occupation :
(e) Total Annual Income [b + d] Rs.....

3. (a) Stage of the course for which scholarship was received:
(b) Amount of scholarship received: Rs. Sl.No..... Academic Session 20 - 20
(c) Name and full address of the institution: |

4. (a) Present stage of study : 2nd/3rd/4th/final year (b) Class Roll No.....
(c) Regular / Correspondence : (d) A Govt.nominee or private
- (e) Name of college/school/inst. with full postal address |
.....Street.....
City/Town:District.....
Pin Code No. STATE
- (f) Student's Bank A/c No. Bank's Name
Name of Branch
(Bank account should be in the name of the applicant. See instruction Sl.No.7 at overleaf)
(g) If Hosteller, specify (i) Name of Hostel
(ii) Room No.

DECLARATION OF THE APPLICANT

I declare and certify that (1) the above statement has been filled-up in my own handwriting and certify that they are accurate and true (2) I have not applied/received any scholarship/stipend from any other source (3) I am not employed in any Govt./semi-Govt.establishment (4) if any statement made by me is found wrong or misrepresented, I undertake to refund in full the scholarship amount drawn by me (5) in the event of any dispute arising in the award of scholarship, I further give my consent to abide by the decision of the awarding authority which will be final and binding upon me

Dated :

Place :

Full signature of the applicant

FOR USE OF THE AWARDING AUTHORITY ONLY

Code No.

HSLC Roll No. Year Division Board

- (1) Academic session : (2) Course:
(3) 2nd / 3rd / 4th / Final year (4) Period : from _____ to _____
(5) Rate of Maintenance Allowance :

ACCEPTED (i) Hosteller / Day Scholar = Rs. x _____ months = Rs.
REJECTED (ii) Non-refundable fees = Rs.
(iii) TOTAL [(i) + (ii)] = Rs.

Reason(s) for rejection: (1) Incomplete entries (2) wrong entries (3) excess income ceiling (4) double apply (5) absence ofcertificate (6) absence of applicant's or head of institution's signature (7) doubtful handwriting of the applicant.

Signature of D.A.

Signature of Scheme Officer

PART - B(*To be filled in by the college/school/institution authority only*)

1. Certified that the applicant is actually enrolled in this school/college/institution with effect from..... and studying in.....class/course, Class roll number..... for the academic session of 20..... -20..... under admission number
2. The duration for completion of the whole course is from/...../20.... to/...../20..... = (..... years)
3. This institution is affiliated toUniversity/Council/Board
(*An attested photostat copy of affiliation order/letter to be submitted, if not submitted earlier*)*
4. If it is a Govt. institution specify name of the State Govt. :
5. If it is not a Govt.institution specify Recognition No.under Govt.of.....
(*An attested photostat copy of recognition order/letter to be submitted, if not submitted earlier*)*
* One copy will be enough for the entire applicants of the same institution.
6. If the applicant is disabled, specify nature of disability along with Certificate issued by the competent authority/Medical Officer.
7. Particulars of all non-refundable compulsory fees paid by the applicant *for the session 20.... - 20....*
(*excluding Mess & Hostel fees*) Fee structure approved by the concerned State Govt. to be enclosed.

| | | | |
|-----------------------|---------------|-------------------------|-----|
| (i) Admission fee | Rs. | (ii) Tuition fee | Rs. |
| (iii) Examination fee | Rs. | (iv) Library fee | Rs. |
| (v) Medical fee | Rs. | (vi) Games & Sports fee | Rs. |
| (vii) | Rs. | (viii) | Rs. |
| TOTAL Rs. | (Rupees.....) | | |

Date : Signature of the institution head / authorityPlace : Name in BLOCK LETTERS ()

Designation with Seal :

Fax No. :

E-mail address :

Website address :

(Round Seal) Telephone No(s). (STD Code No. _____) _____

Full Postal address of the :

institution with Pin Code No.

Note : (1) Stamped signature will not be accepted (2) Official seal of the head of institution, round seal of the institution, Telephone Nos.and address Pin Code No. are compulsory (3) Full Postal address should be clearly indicated for correspondence (4) The application form will be rejected if found incomplete or filled in Part-B by the applicant . (5) **The application form will also be rejected if full address & particulars of the institution as given above are not clearly indicated**

INSTRUCTIONS FOR FILLING UP OF THIS APPLICATION FORM

- 1) This form is only for applicants who were in receipt of scholarship in the previous year for studying of a particular course in one stage and wish to renew for studying the next higher stage of the same course.
[viz - XII Class, TDC-II/III, MA-Final, II/III MBBS etc.after receiving scholarship in the previous year(s) for the same course]
- 2) Students having a study break should furnish an Affidavit / Certificate stating the reason of break in his/her academic studies.
- 3) **TO BE ENCLOSED/ ATTACHED WITH THIS APPLICATION FORM :-**
 - (a) An attested photostat copies of *Mark Sheet* and *Admit Card* of last examination passed as at Sl.No.3 (a) of Part-A,
 - (b) *Income Certificate* of father/mother/guardian/husband ending 31st March of the current year in original issued by the competent authorities/executive magistrates. The present income ceiling for entitlement of the scheme as prescribed by the sponsoring Ministry is Rs.2,50,000/- per annum.
 - (c) *Tribe Certificate* of the applicant issued by the competent authorities/executive magistrates (attested photostat copy)
 - (d) *Certificate* in support of claim as *Hosteller*, issued by the warden of the hostel as at Sl.No.4 (g) of Part-A
 - (e) *Study Break Certificate*, if any (as stated at Sl.No.2 above)
 - (f) An attested copy of disabled Certificate issued by the competent authority/Medical Officer, for disabled applicant.
 - (g) Photostat copy of Aadhar Card.

N.B.:- (i) Enclosed documents will not be returned.
(ii) The awarding authority may demand original documents for varification if required
(iii) The directorate will not be responsible for any loss of application form or documents.
⇒ (iv) **Attester of documents also required to indicate his/her Aadhar Card No.**
- 4) Direct individual submission of this application form will not be accepted in case of students studying inside the State
- 5) ⇒ The last date of receipt in this office **31st October, 2015**. After the last date of submission no form shall be accepted.
- 6) It will be the responsibility of the concerned institution for not awarding scholarship if forwarded this Form after the prescribed last date of submission.
- 7) **PAYMENT WILL BE MADE ELECTRONICALLY BY TRANSFERRING INTO THE RESPECTIVE BANK ACCOUNT OF THE APPLICANT.SO EACH APPLICANT IS REQUIRED TO OPEN A BANK ACCOUNT IN HIS / HER OWN NAME AND SHOULD COMPULSORILY FURNISH BANK ACCOUNT DETAILS GIVEN IN THE ANNEXURES -I AND II (prescribed by the Govt.) ATTACHED HEREWITH THIS FORM.**
- 8) The decision of the awarding authority is final.

AUTHORIZATION LETTER

I, _____ would like to receive the sums disbursed by the Tribal Affairs & Hills Department (Tribal Affairs Division), Manipur in my bank account electronically as per details given below :- (To be filled in neat and clear. The Tribal Affairs & Hills Department, Manipur will not be responsible if the Scholarship amount is transfer to someone else Bank account due to wrong or unclear filled in of Bank Account details).

| | | |
|-----|--|--|
| 1. | Name of the payee as recorded in bank account | |
| 2. | Aadhar Card number (enclosed copy) | |
| 3. | Address | |
| 4. | Telephone Number with STD Code | |
| 5. | Fax No. | |
| 6. | E-mail Address (if any) | |
| 7. | Name of the Bank | |
| 8. | Name of Branch (full address) | |
| 9. | Bank Account No. | |
| 10. | Account Type | |
| 11. | Mode of electronic transfer available in bank branch (RTGS / NEFT / ECS / CBS) | |
| 12. | IFSC Code | |
| 13. | MICR Code | |

NB (Note well) :- *Enclose a photostat copy of first page portion of Bank Passbook wherein account holder's Name, Account Number, IFSC Code etc. are printed.*

Account number has been verified by me _____ Signature of the student :
(Bank branch maintaining the Account) _____ Name (in BLOCK LETTERS) :
Seal _____ Course / Class :
Name of the institutions with _____ :
full address

ANNEXURE - II

**ACQUITTANCE / PRE-STAMPED RECEIPT (PSR) /
PRE-RECEIPT / ADVANCE RECEIPT**

(Form of Acquittance for amount to be received through electronic transfer)

Received a sum of Rs. _____ (Rupees.....) only
.....) only
electronically from (DDO)..... on
account of the above amount sanctioned by the Tribal Affairs & Hills Department, Manipur (Office / Department
) vide letter No..... dated

Place : _____ Signature :
Date : _____ Name (_____)
Course /Class :
Name of institution :
with full address