

APPLICATION FORM
(BANISHREE – A Scheme of Scholarship for
Disabled Students)

(To be filled in by the candidate)

For the year.....

1. **Name in full**
 (In Block Letter)
2. **Address**.....
 Village/Ward.....P.S.....
 G.P.....
 Block/NAC/Municipality.....
 District
3. **Category of Disability as specified**
 under RPwD Act, 2016 (Pl. mention) :
4. **Are you a citizen of India?** (Pl. tick) (✓) : Yes/ No
5. **Whether Scheduled Caste/ Tribe/ OBC/General**
 (Pl. mention) :
6. **Male/ Female** (Pl. mention) :
7. **Date of Birth** (Pl. mention) :
8. **Name and address of the father/ mother/ guardian**

9. (a) Relationship with the guardian (if applicable) :
 (b) Total monthly income of the parents/ guardian :
10. **Nature of scholarship** (pl. tick) (✓) : (fresh/ renewal)
11. (a) Have you ever received Scholarship
 under any other scheme (pl. tick) (✓) : Yes/ No
 (b) If yes, indicate :
 (i) Class in which you received the scholarship :
 (ii) Period for which you received such scholarship :

12. Mention:

(a) Class for which I am applying for scholarship :

(b) Academic year of such class :

(c) Date on which you got admission :

13. (a) If you are visually challenged student, indicate
If you have engaged a reader? (Pl. tick) (✓) : Yes/ No

(b) If you are Orthopaedically Handicapped Student
being 75% and above disability indicate the
mode of transport. :

14. **Document attached:**

(i) Disability Certificate (pl. tick) (✓) : Yes/ No

(ii) Mark-sheet of last Exam passed (Pl. tick) (✓) : Yes/ No

I declare that I have not received (not receiving) any other stipend/ scholarship from
State/ Central Government.

Signature of the student

Date

Place

(To be filled in by Head of Schools/ Colleges/ Educational Institutions)

I certify that:

- The information furnished by the candidate (name
..... have been verified and found correct
- The school/ institutions in which the candidate is studying is Government/ recognized private school/ institutions (Pl. tick) (✓) whichever is applicable.
- The application is **recommended**.

Signature of Head of the School/ Institution

Name
(in Block Letter)

Address
.....

Date..... Place.....

Certificate:

(only in case of student who does not belong to BPL family)

The parental/ family income of the applicant is not more than Rs. 60,000/- per annum

**Revenue Inspector
(Signature with seal)**

(To be filled in by Sanctioning Authority)

I have verified the information as furnished by head of the school/ institution. I hereby sanction Rs. towards scholarship and Rs. towards Reader's allowance/ mobility support, thus totaling to Rs..... Sanction Order No. / Dated

**Signature with seal of
BDO/ Sub-Collector**