

APPLICATION FORM
FOR
ANJALI SCHOLARSHIP FOR HIGHER STUDIES
2018 - 2019

Please read the following instructions before filling the application form.

1. Only students with **50% and above** disability can apply.
2. Scholarship will be availed by those who are continuing their studies.
3. Scholarship will continued for those who produce a valid continuation certificate every month from the institution during the receipt of the same.
4. **Disability/ Birth/ Resident/ Income** Certificates are mandatory.
5. Part – I of the form is to be filled by the candidate and Part – II is to be filled by the Head of the Institution / HOD.
6. Address slips in Annexure I should be filled correctly.
7. Paste (Don't Staple) Recent Colour Passport Size Photographs in Annexure I.
8. Out of the three photographs, one photograph should be **attested at the front** by a Gazetted Officer/Head of Institution/HOD and the other two unattested.
9. Attach Annexure II – Filled up continuation certificate with the application form.
10. Decision of the scholarship committee will be final and binding.

INCOMPLETE FORMS WILL BE REJECTED

Please send the completed form to

Anjali Scholarship Cell,

SWABHIMAN

A/98, Budhanagar,

Bhubaneswar – 751 006

Odisha, India.

Tel.: 0674 – 2313313 / 09238106667

PART – I
(To be filled by the Candidate)

1.	Nature of Disability (<i>Attach Disability Certificate</i>)		Disability %		
2.	Name (In Block Letters)				
3.	Sex	Male / Female			
4.	Father's Name				
5.	Mother's Name				
6.	Permanent Address (<i>Attach Resident/Nativity Certificate</i>)	C/O			
		At			
		PO			
		Via			
		PS			
		Dist			
		Pin			
State					
7.	Are you a resident of Odisha? District to which you belong	Yes / No			
8.	Community (<i>Attach Caste Certificate</i>)	SC / ST / SEBC / OBC / General			
9.	Date of Birth (In Christian Era)		/		
10.	Total Annual Income of both Parents/Guardian (<i>Attach Income Certificate</i>)				
11.	Please state if you are earning If Yes, Please indicate (i) The source (ii) The monthly amount	Yes/No `			
12.	Particulars of examinations passed (<i>Attach photocopy of all the mark sheets and certificates</i>)	Class	Board	Year of Passing	%
		10 th			
		+2			
		+3			
13.	Have you ever received Anjali scholarship? <i>If Yes</i> , Please indicate (i) Period for which the scholarship was paid	Yes/No			

<p>14.</p>	<p>Requirements/Needs for which scholarship is applied</p> <p><i>(Whether you require financial assistance or material support?)</i></p> <p>If <i>financial assistance</i>, please mention in details the amount required and purpose.</p> <p style="text-align: center;">OR</p> <p>If <i>material support</i>, please mention the material required. (Eg: Book Scanner, Voice recorder, Subject Book, Music Instruments, etc)</p>	
<p>15.</p>	<p>Extra Curricular Activities (if any)</p> <p><i>(Attach photocopy of all the certificates)</i></p>	
<p>16.</p>	<p>Academic Details</p> <p>(i) Class/Year</p> <p>(ii) Date of admission to the course</p> <p>(iii) Approximate date of termination of the course</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>17.</p>	<p>Are you availing any scholarship?</p> <p><i>If Yes</i>, please mention the details with the period of availing</p>	

18.	Documents Attached	(i) Disability Certificate
		(ii) Resident / Nativity Certificate
		(iii) Income Certificate
		(iv) Caste Certificate (if any)
		(v) Annexure I
		(vi) Student ID card issued by Institution
		(vii) Ration Card
		(viii)
		(ix)
		(x)

I hereby declare that

- i. I abide the rules and regulations of the scholarship.
- ii. I will accept the decision of the scholarship committee which will be final and binding.
- iii. If I am selected, I will not avail* any scholarship (*except Banishree*).
- iv. The statements made in this application (*PART – I*) are true to the best of my knowledge.

L.T.I / Signature of Candidate

Countersigned by Gazetted Officer / Head of the Institution / HOD

Place:

Date:

PART – II
(To be filled by the Head of Institution / HOD)

1.	Is the candidate enjoying free boarding / lodging facility or any other concession <i>If Yes</i> , please indicate the equivalent amount to the concession	
2.	Is the candidate exempted from school/college tuitionfees? <i>If Yes</i> , please indicate the equivalent amount to the exemption	
3.	Is the candidate residing in the hostel attached to School/College establishment? <i>If Yes</i> , please indicate the date from which residing	
4.	Is there any special provision made by the Institution for the disabled students? <i>If Yes</i> , please mention the provision/s made	
5.	Is the candidate availing any scholarship at present? <i>If Yes</i> , please mention the details with the period of availing	
6.	Remarks	

Certified that

(i) The information given by the candidate in **PART – I** has been checked and found correct.

(ii) The institution is affiliated toUniversity and is recognised by Government of Odisha.

(iii) The course to which the candidate is enrolled is recognised by the University and Government.

Signature of Head of the Institution / HOD

Seal

Place: Date:

Name:

Address:

Annexure I

Photograph

(Paste Don't Staple Recent
Colour Passport Size
Photograph **attested at the
front** by a Gazetted
Officer/Head of
Institution/HOD)

(Paste Don't Staple Recent
Colour Passport Size
Photograph. **Not to be
attested**)

(Paste Don't Staple Recent
Colour Passport Size
Photograph. **Not to be
attested**)

Address Slips

Name :.....
C/O :.....
At :.....
PO :.....
Via :.....
PS :.....
Dist :.....
Pin :..... Mobile :.....

Name :.....
C/O :.....
At :.....
PO :.....
Via :.....
PS :.....
Dist :.....
Pin :..... Mobile :.....

Name :.....
C/O :.....
At :.....
PO :.....
Via :.....
PS :.....
Dist :.....
Pin :..... Mobile :.....

Name :.....
C/O :.....
At :.....
PO :.....
Via :.....
PS :.....
Dist :.....
Pin :..... Mobile :.....

Anjali Scholarship for Higher Education 2018 – 2019

Certificate of Continuation

Name of the Institution.....

Certified that Sri/Smt/Kum.....is a student of
.....Semester/Year/Class of programme
offered by this Institution. His / Her Roll no. is..... and he / she continues to
be a student of the institution as on date.

Remarks on Anjali Scholar

.....

.....

.....

Place _____
Date _____

Signature of the Principal / HOD

Seal

Name of the Principal / HOD

Mobile No



**Anjali Scholarship Cell, SWABHIMAN,
A/98, Budhanagar, Bhubaneswar – 751 006. Odisha, India.
Tel.: 0674 – 2313313 / 09238106667**