

GOVERNMENT OF WEST BENGAL

Mass Education Extension Directorate

Bikash Bhawan (9th floor), Salt Lake

Kolkata- 700 091

APPLICATION FORM FOR SCHOLARSHIP FOR HANDICAPPED, STUDENTS (CLASS IX & ABOVE)
(To be submitted to the District Mass Education Extension Officer of the concerned District),

1. Name of the Applicant : Sri/Smt. _____
2. Father's Name/Mother's Name : Sri/Smt. _____
3. Home Address in full with : _____
Phone No. (if any). _____
4. Whether Hosteller or Day : _____
Scholar _____
5. Qualification (Class-IX-onwards) : _____

Class	Academic Year Session	% of marks obtained in the final examination	Date of joining the class	Date of leaving the class (if any)

(Copies of the marksheets to be enclosed)

6. Name of the Institution in : _____
which the applicant is studying _____
(a) Full address of the School/College. : _____
7. Nature of disabilities of the applicant. : _____
8. Percentage of disabilities of the : _____
applicant. (copy of the Handicapped Certificate to be enclosed). _____
9. Father's/Mother's occupation : _____
10. Monthly Family Income of the : _____
applicant. _____

Declaration : Certified that the above statements are true to the best of my knowledge.

Signature of Prodhhan/B.D.O./
Local Councilor/M.P./M.L.A./
or any other Gazetted Officer
certifying the total cakily

Signature of the
Head of the Institution
with Seal and Date.

Signature of the applicant
with date

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কমিশনার (প্রতিবন্ধকতা), পশ্চিমবঙ্গ