

Time Bound

NO. EDN-U(G-II)Ele.-38/99-vol-II- 3599

Office of the
Deputy Director Elementary
Education Una, Distt. Una(H.P)

Dated:- Una, the

13 Aug, 2019

To,

All the Principal (GSSS)
All the Headmasters(GHS/GMS)
All the Block Elementary Education Officer Una, Distt. Una (H.P)

Subject:-

Regarding Handicapped scholarship for the year 2019-20.

Memo,


With reference to letter no. संख्या4-9/2007-वैल विकलांग छात्रवृत्ति-II-1752 received form District welfare office Una, Distt. Una on dated 03.08.2019 on the subject cited above.

In the connection, you are hereby directed to submit the beneficiaries belongs to Handicapped scholarship upto 25.08.2019, along with documents as given below:-

1. Fully filled performa(attached).
2. Handicapped certificate with 40% disability.
3. copy of Aadhar card
4. Copy of Himachal Bonafied
5. Copy of Bank Account number.
6. Mark sheet of the last examination passed.

ENCLS:- 2 Pages.

Treated as most urgent and time bound.


Deputy Director Elementary Education
Una, Distt. Una (Himachal Pradesh).

SOCIAL JUSTICE & EMPOWERMENT DEPARTMENT
Directorate of SCs, OBCs, Minority & Disability Affairs

SCHOLARSHIP TO STUDENTS WITH DISABILITIES

1.	Name of applicant (in block letters)		Paste photograph of applicant		
2.	Father's Name				
3.	Guardian Name				
4.	Profession of parents/guardian				
4.	Present address				
5.	Permanent address				
6.	Date of birth				
7.	Whether belongs to SC/ST/OBC/Minority community, if yes give details				
8.	Type & percentage of disability (attach attested copy of disability certificate)				
8.	Session, Class/Course for which scholarship is applied				
9.	Name & address of Institution in which presently studying.				
9.	Name of Board/University with which your institution is affiliated.				
10.	Whether the applicant is in receipt of any scholarship from any other source, if yes give details				
11.	Particulars of last examination passed				
	Name of Examination	Year	Subjects	Name of Institution	Name of Board/University
12.	Details of saving bank account				
	i) Branch name				
	ii) Branch code				
	iii) IFSC code				
	iv) Account number				
	v) Aadhar card no.				

Date:

Signature of applicant.

DECLARATION

I hereby declare that the particulars given by my ward Shri/Km _____ in the application are true the best of my knowledge and belief, and that no material information has been concealed or withheld which has a bearing on selection.

I further declare that my ward shall not accept any scholarships or any other financial assistance or grant-in-aid other source during the period of the scholarship if awarded to him/her under the above scheme.

Signature of the parent/guardian

CERTIFICATE FROM HEAD OF INSTITUTION

Certified that Sh./Kum. _____ S/O/D/Osh. _____ of this _____ (name of institution) has been admitted in the _____ class/course on dated _____ and the approximate date of termination of course/class will be _____.

Signature of Head of Institution with seal.

Annexure-II

SCHOLARSHIP TO THE STUDENTS WITH DISABILITIES**ANNUAL PROGRESS REPORT**

This is to certified that Sh./Kum. _____ S/O/D/O Sh. _____ student _____ class/course of _____ (name of institution) appeared in the annual examination held in the month/year _____. He/she has been declared successful/unsuccessful in the said exam. Sh./Kum. _____ has now been admitted _____ class/course.

The approximate termination of the course will be _____.

His/Her performance in studies is satisfactory.

Signature of Head of Institution with Seal.