

For specimen



**GOVERNMENT OF HARYANA**  
**WELFARE OF SCHEDULED CASTES AND**  
**BACKWARD CLASSES DEPARTMENT** APPLICATION  
FORM FOR POST MATRIC SCHOLARSHIP TO SCHEDULED CASTES &  
OTHER BACKWARD CLASSES FOR THE YEAR  
200\_\_\_\_\_

The candidates are advised to submit their application to the Principal concerned of their institution not later than 15<sup>th</sup> January each year.

**Government of India Scheme of Post Matric Scholarship for Scheduled Castes & Other Backward Classes**

PART – A

Passport size  
Photograph with  
Signature of  
Candidate attested  
by HOD/Principal

12. Name in full (in Block letters) :

Shri, Shrimati /Kumari

A S H O K

13. Father's/Husband's name:

R A M E S H D A S S

14. Nationality:

I N D I A N

15. Caste/Sub-Caste

B A L M I K I

State where permanently settled:

District

State

K U R U K S H E T R A H A R Y A N A

Full Address

H N O . 6 7 8 S E C T O R - 7 K U R U K S H E T R A

H A R Y A N A

E-Mail Address

A \_ A S H O K @ Y A H O O . C O M

Phone No.

9 8 7 2 1 5 3 9 5 6

Name and address of the guardian and relationship with applicant:

Name

A L O K N A T H

Relationship

U N C L E







<b>% of Marks obtained</b>			
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**Signature of Applicant  
HOD/Principal**

**Signature of**

22. i) I/we hereby declare that I/we have read the regulations of the scheme and agree to abide by the terms and conditions of the award. I/we certify that the statements made in the application are correct and if any of them is found to be incorrect by the authority whose decision will be final and binding on me/u. I/we undertake to refund to the said authority on demand the entire amount of scholarship received by me/us or overpaid to me/us, failing which the said authority may recover the amount from me/us through whatever means it deem proper. That I have not claimed the benefit from any other schemes.
- ii. I/we further undertake that his/her application is being submitted for the above scholarship for first time for the present class.

Date : 26-12-2012

(i) (a) Signature of applicant

\_\_\_\_\_ashok\_\_\_\_\_

Place :

(ii) (a) Signature/left/right hand thumb  
Impression of the parents/  
guardians. \_\_\_\_\_

**PART-B**

(To be filled by the Head of Institution)

**Certified that:**

- (vi) Information given by the applicant in Part-A has been checked and found correct/has been corrected in red-ink.
- (vii) The course in which the applicant is studying in this Institution is a post matric one.
- (viii) This Institution is affiliated to \_\_\_\_\_University /Board and is recognized by the Government of India/State Government \_\_\_\_\_that applicant is studying \_\_\_\_\_ courses in this Institution and the minimum qualification required for admission to that course is a pass in the \_\_\_\_\_ examination.