

संख्या 4-2/2018- वैल विकलांग छात्रवृत्ति -II 2163  
कार्यालय जिला कल्याण अधिकारी  
ऊना जिला ऊना

सेवा में

✓ उप निदेशक ( सैंकंडरी) ऊना  
उप निदेशक (एलीमेंटरी) ऊना  
दिनांक 30-09-2020

विषय

दिव्यांग छात्रवृत्ति हेतु प्रस्ताव भेजने बारे ।

महोदय,

उपरोक्त विषय पर निवेदन है कि दिव्यांग बच्चो को वर्ष 2019-20 की छात्रवृत्ति हेतु अपने अधिनस्थ पाठशालाओं को आदेश देने की कृपा करें की शिक्षा प्राप्त कर सभी दिव्यांग बच्चों के दिव्यांग छात्रवृत्ति हेतु प्रपत्र 30.10.2020 तक पूर्ण करवा कर बैंक के बचत खाता व दूरभाष नम्बर सहित अपने सम्बन्धित तहसील कल्याण अधिकारी के माध्यम से इस कार्यालय को भेजना सुनिश्चित करें। ताकि समय रहते प्रार्थियों के पक्ष में छात्रवृत्ति का भुगतान किया जा सके ।

Most Urgent

A-111

sd 1.10.2020

भवदीय

जिला कल्याण अधिकारी  
ऊना जिला ऊना

पृष्ठांकन संख्या:- शिक्षा जी -1(अपंग छात्रवृत्ति )/2020...-18.14.....दिनांक 25-10-2020 ऊना  
कार्यालय शिक्षा उप निदेशक (उच्चतर) ऊना जिला ऊना (हि०प्र०)

Email ID: - [ddhe-una-hp@gov.in](mailto:ddhe-una-hp@gov.in)

समस्त प्रधानाचार्य / मुख्याध्यापक रा०वा०मा० / रा० उच्च० पाठशालाए जिला ऊना  
(हिमाचल प्रदेश) को आवश्यक कार्याबाही हेतु प्रेषित है ।

sd  
शिक्षा उप निदेशक उच्चतर  
ऊना जिला ऊना (हि०प्र०)

**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.*