

संख्या 40-9/2007-वैल विकलांग छात्रवृत्ति 1968
कार्यालय जिला कल्याण अधिकारी
ऊना जिला ऊना हिमाचल प्रदेश।

सेवा में,

उप निदेशक,
प्रारम्भिक शिक्षा / उच्च शिक्षा
ऊना, जिला ऊना, हि0 प्र0।

विषय
महोदय,

दिनांक 16-07-2018
विकलांग छात्रों को छात्रवृत्ति प्रदान करने बारे।

उपरोक्त विषय पर वित्तीय वर्ष 2018-19 में विकलांग छात्रवृत्ति योजना के अन्तर्गत बजट प्राप्त हुआ है। आपके अधिन्स्थ स्कूल/ कालेज में शिक्षा प्राप्त कर रहे विकलांग छात्र जिनकी विकलांगता 40% या उससे अधिक है के मामले तैयार कर 31.08.2018 तक इस कार्यालय को भिजवाना सुनिश्चित करने की कृपा करें, ताकि समय रहते स्वीकृति ली जा सके। 31.08.2018 के बाद कोई भी आवेदन स्वीकार नहीं किया जाएगा। विकलांग छात्रवृत्ति हेतु निर्धारित प्रपत्र सलंग्न कर निवेदन है कि निर्धारित प्रपत्र के साथ निम्नलिखित सत्यापित दस्तावेज सलंग्न करें।

1. निर्धारित आवेदन प्रपत्र पूर्ण रूप से भरा हुआ हो।
2. विकलांग प्रमाण पत्र।
3. राष्ट्रीयकृत बैंक खाता की प्रति।
4. आधार कार्ड की प्रति।
5. हिमाचली प्रमाण पत्र।
6. Mark Sheet of the last examination passed.

सलंग्न (उपरोक्त)

भवदीय
Kuldeep Singh
जिला कल्याण अधिकारी
ऊना जिला ऊना

Enclt No:- Shiksha-U/G-I/Disable Students 5117 Dt. 18/7/18
o/o Dy. Director of Higher Education
Una Distt. Una

Forwarded to all the Principals/H.M. of GSSS/GHS/
Recognized Private SSS/HS of Una District for information and
Compliance Please.

Deputy Director of Higher Education
Una, District Una (H.P.)
18/07/18

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.