

GOVERNMENT OF ASSAM  
DIRECTORATE OF WELFARE OF PLAIN TRIBES AND BACKWARD CLASSES, ASSAM  
RUKMININAGAR:::GUWAHATI-6  
APPLICATION FORM FOR POST MATRIC SCHOLARSHIP FOR SC/ST/OBC/MOBC

(RENEWAL FOR THE YEAR .....)

Applicant must  
affix a pass port  
size photograph  
with his/her  
signature thereon

1. Name of Applicant (Full Name in English) :
2. Application ID of Previous Year (2016-17):  
(Enclose photocopy of last year on-line Registration details)
3. Caste :  
(furnish Caste Certificate)
4. Permanent Address :  
with PIN Code
5. Present Address :  
with PIN Code
6. Bank Name :  
i) Account No. .... ii) IFS Code : .....
7. Contact No. of the Student/ Guardian:
8. Aadhaar Number :
9. Name of Institution :  
with full address
10. Name of Course :
11. Academic Year : (Enclose Photo Copy of the Last Scholarship received Bank Statement)
12. Scholarship received : i) Amount:  
during previous Year/Sem : ii) 1<sup>st</sup> yr/2<sup>nd</sup> yr/1<sup>st</sup> sem/3<sup>rd</sup> sem/5<sup>th</sup> sem (tick which is applicable)
13. Scholarship applied for : 2<sup>nd</sup> Yr /3<sup>rd</sup> Yr /3<sup>rd</sup> Sem /5<sup>th</sup> Sem/7<sup>th</sup> Sem (tick which is applicable)  
the current Year / Sem
14. Whether promoted to next :  
higher class or detained in the  
same class in previous year.  
(furnish Marksheet of last Exam)
15. Whether Day Scholar or Hosteller :  
(If Hosteller furnish certificate)

Signature of the applicant

16. Whether recommended for scholarship .....

Signature of Head of the Institution  
(Seal)

FOR OFFICE ONLY

Group	Maintenances		Period From: To :	Total amount	Tuition fees	Exam fees	Other fees (Non refundable)	Grand Total	Remarks
A	B	C	D	E	F	G	H	I	J

Check by

Countersigned