

GOVERNMENT OF WEST BENGAL
Office of the Commissioner for Persons with Disabilities
45 Ganesh Chandra Avenue, Kolkata-700013

APPENDIX-'A'

Part-I

Application for granting scholarship for students with disabilities studying below class IX.

(Duly filled up application form must be submitted to the Head of the Institution. Scrutinizing the form, the Head of the Institution shall submit it with his/ her notes and comments to the Commissioner for Persons with Disabilities, West Bengal, 45, Ganesh Chandra Avenue, Kolkata-13 in case of Kolkata Municipal Area and to the concerned District Magistrate through concerned BDO or Chairman of concerned Municipality. Application is better to submit in the first quarter of the year. Incomplete or lately submitted prayer shall not be accepted.)

1. Name of applicant : (a)
First name Middle name Surname

(b) Address :

(c) Date of Birth :
DD MM YY

(d) Actual age on the date of application :
YY MM DD

2. Nature of disability of the applicant : ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
01 02 03 04 05 06 07 08 09

(Blind/ Low vision 01, Hearing Impaired 02, Locomotor Disability 03, Mental Retardation 04, Mental Illness 05, Autism 06, Cerebral Palsy 07, Leprosy cured 08 and Multiple Disabilities 09)

[Please (") tick in the appropriate box]

3. (a) Father/ Mother's Name :

(i) Address :

(ii) Profession :

(b) Name of Legal Guardian :

(i) Relationship :

(ii) Address :

(iii) Profession :

4. Citizenship details [Please (✓) tick in the appropriate box]

(i) Whether applicant is Indian :

☐☐

Y

N

(ii) Whether applicant is SC/ST/OBC :

☐☐☐

SC

ST

OBC

5. Monthly income of Parents or Legal Guardian of the applicant : Rs.

6. If any financial aid is received from any other sources by the applicant:

(i) Source of aid (Govt./ Non-Govt.) :

(ii) Reason of financial help :

(ii) Quantity of Monthly financial aid :

APPENDIX-'B'

PART-II

DECLARATION

(Fill up any one of the following two declaration)

I do hereby solemnly declare that all particulars as given above are true to the best of my knowledge and belief.

(i) I have been receiving at present a sum of Rs.....
(Rupees.....) only from
.....since.....as monthly scholarship
of Rs.....(Rupees.....) only.

I do also declare that I will not apply for any other scholarship after receipt of this scholarship.

(ii) At present I have not received any scholarship from any State Govt./ Central Govt. I do hereby declare that on the basis of this application if I am allowed to get student's scholarship, I will not receive financial aid from State Govt. / Central Govt. anymore.

Signature / L.T.I of Parents /
Legal Guardian of the applicant.

(Applicant's Signature)

Date :

Name :

Date :

The following papers must be enclosed with this application :-

1. Income certificate of Father/ Mother/ Legal Guardian.
2. Attested copy of disability certificate issued by any Govt. Hospital or any Specialist Doctor of related discipline.
3. Passport size photograph of applicant duly attested by the Head of the Institution.
4. Attested copy of mark obtained in the last annual examination.

Part-III

ADMISSION CERTIFICATE

(To be filled up by the Head of the Institution)

1. Full name of Institution :

(In Block Letters)

Full Address:

Whether affiliated :

Passport
Photograph
of Applicant
Duly attested
by Head of the
Institution .

2. Name of the applicant :

Date of Birth :

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DD MM YY

Present age :

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YY MM DD

3. Educational details :

(i) Present Class :

(ii) Admission from class _____ in the year _____

(iii) Brief of present syllabus :

4. If the applicant applied earlier for scholarship :

(i) Date of application :

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DD MM YY

(ii) Scholarship sanctioned in : class on for total

MM

5. (a) Free Resident ship in Institution :

[Please (") tick in the appropriate box]

☐

Y

☐

N

(b) Monthly cost for Residential accommodation : Rs. .

6. Details of aid received from Institution or otherwise :

7. For student with locomotor disability, details of assistive device:

(a) Type of device:

(b) Distance of Institution from residence :

(c) Essentially of such device for the applicant : Y ☐ N ☐

(d) Monthly cost for use of such device : Rs.....

8. For student with visual disability, details of scribe :

(a) Help of scribe since :

DD	MM	YYYY
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(b) Monthly remuneration for such scribe : Rs.

(c) Name of scribe :

Address :

Qualification :

(d) Essentiality of the help of scribe :

Y

N

9. (a) I do hereby declare-

- (i) that all the above statements are true to the best of my knowledge and belief;
 - (ii) that my school is affiliated by the District Primary school Council, or the West Bengal Board of Secondary Education or the West Bengal Board of Madrasah Education;
 - (iii) that Curriculum / Training of this school is recognized by the Govt. of West Bengal / West Bengal Board of Secondary Education / West Bengal Board of Madrasah Education / District Primary School Council;
 - (iv) that statements furnished by the applicant at Part-I are true to the best of my knowledge and belief.
- (b) I do hereby declare that I shall furnish a Quarterly Progress Report in the form

prescribed at *Appendix-E* to the Commissioner for Persons with Disabilities, West Bengal/ District Magistrate & Additional Commissioner for Persons with Disabilities, as the case may be, in regard to any financial assistance granted from the State Govt./ Central Govt. to the applicant through my school.

Dated,

Signature of Head of the Institution

Full Name:

Seal:

PART-IV

Family Income Certificate of the student with disability studying upto class VIII.

(To be filled up by Father/ Mother/ Legal Guardian of Applicant)

1. I am Sri/Smt.....
Total number of family member is.....
The applicant, Sriman/ Km.....is my.....and
is solely dependent on me.
My monthly income accumulated from all sources is
Rs.....(Rupees.....) only.
2. I do hereby solemnly declare that I will be liable to draw the notice of
the Commissioner for Persons with Disabilities, West Bengal, if any
change of my income is found at the period before/ after submission of
the application.

.....
Signature of Applicant

Date:

.....
Signature/ L.T.I of
Father/Mother
/ Legal Guardian

Full Name:
Working Place :
Address:
Profession:

.....
Counter Signature

Date:.....

(Counter Signature is to be done by M.P / M.L.A or Gazetted Officer of State Govt. / Central Govt. or employer of Parents/ Legal Guardian of applicant.).

DECLARATION

I do hereby declare that monthly income from all sources of parents / Legal Guardian of the applicant, Sri/ Smt.....as mentioned above is Rs.....(Rupees.....)only.

Date:.....

Signature :
Full Name:
Designation:
Stamp:

PART-V

QUARTERLY PROGRESS REPORT

Term : From.....to.....,201

Name of the Student	Type of Disability	Class	Fund Received	Whether disbursed	Remarks

Dated:.....

.....
(Signature of the Head of the Institution)

Name of the School: