

GOVERNMENT OF WEST BENGAL
Mass Education Extension Directorate
Bikash Bhawan (9th floor), Salt Lake
Kolkata- 700 091

APPLICATION FORM FOR SCHOLARSHIP FOR HANDICAPPED, STUDENTS (CLASS IX & ABOVE)
(To be submitted to the District Mass Education Extension Officer of the concerned District),

1. Name of the Applicant : Sri/Smt. _____
2. Father's Name/Mother's Name : Sri/Smt. _____
3. Home Address in full with : _____
Phone No. (if any). _____
4. Whether Hosteller or Day : _____
Scholar _____
5. Qualification (Class-IX-onwards) : _____

Class	Academic Year Session	% of marks obtained in the final examination	Date of joining the class	Date of leaving the class (if any)

(Copies of the marksheets to be enclosed)

6. Name of the Institution in : _____
which the applicant is studying _____
(a) Full address of the School/College. : _____
7. Nature of disabilities of the applicant. : _____
8. Percentage of disabilities of the : _____
applicant. (copy of the Handicapped
Certificate to be enclosed). _____
9. Father's/Mother's occupation : _____
10. Monthly Family Income of the : _____
applicant. _____

Declaration : Certified that the above statements are true to the best of my knowledge.

Signature of Proddhan/B.D.O./
Local Councilor/M.P./M.L.A./
or any other Gazetted Officer
certifying the total camily

Signature of the
Head of the Institution
with Seal and Date.

Signature of the applicant
with date