,	APPLIC FOR CLAS	AT S 1 TO	ON I	FORN DENTS B	I FO F Elongi	K PRI NG TO TI	E MA HE MINO	RITY	COMMUNIT	IES O	F BIHA	R		
NE	w [7 F	For the	Year	<u> 2015-</u>	<u>16</u> F	EN	EWAL			$\exists \mid$		
	PART-1			FOR OFFICE USE ONL				LY	Y PHOTO			юто		
ſ	SI. No. 6 APPLICAT		ACAD YE		CLASS	Į iŅ	COME		SELECTED	NOT:	SELEC	TED		
Ì														
PA	RT-2	RT-2 (TO BE FILLED BY THE APPL					ICA	TION IN B	LOCK	LETT	ERS)			
1.	Student's N	ame						 						
2.	Father's Na	me						-						
3.	Mother's Na	ame			· · · · · · · · · · · · · · · · · · ·			- I	· · · · · · · · · · · · · · · · · · ·				τ	
4.	Residentia	l Add	ress	Vill./ Me	ohalla		·				War	l No.	<u> </u>	
_	Block							Pane	chayat					
	DISTRICT	-								PIN	<u> </u>			
	Contact/Mo	obile						Re	eligion				-:	
5	Male/Fem	ale				Age		Da	te of Birth			/	/	
6	Present Class					Ro	Roll No.							
7	Annual In Parent/Gu	uardia	ın						Note :- Certificate issued by C.O./Competement Authority or Certificate of employers (in case of service men)					
8	Details of	Last	Passe	d Exam	ination	(enclo	sed co	py o	Mark she	et/G	rade)		- T	!
	Name of the	Name of the Examination Name of the Class			Ye	ar of Passir	ng Marks obtained/Grade % of Mar			% of Marks				
									 	$\perp \perp$	-			i
9	Hosteller /	Day S	cholar		<u>-</u> -			-						
10	Charge / F							-				Γ	1	
11	Aadhar No (if Available	Aadhar No. of Candidate (if Available)							Nationality	<u> </u>				
12	Name & Address of the Present School													
	DISTRICT							+	STATE	T				
			lo T						PIN	 				<u> </u>
13	-	Contact/Mobile No. Status of the Institution*				+	PRIV	ATE			3OVT.			
14	Annual	Cours	e Fee		Rs.									
	SI. No.										Amount	(Rs.)		
	1					\parallel					······································			
	2						#-				., <u>.</u>	 		
	 	3 Maintenance Allowance				1				<u> </u>	· · · ·			
15						+		$\overline{}$	IFSC	l				
16								Code			·			
17	Relative with Account Holder Self/Father/Mother/Guardian													
	Nocumer		ologo	d with t	he anni	ication								

- (i) Income Certificate issued from C.O./Competent Authority or Certificate from the employer in case of employed parents/Guardian.
- (ii) Marks sheet of last examination (Except class-I)
- (iii) Photocopy of Bank Pass Book

19	Dec	laration	of Stude	nt ·

- (i) I hereby declare that the information given above is correct.
- (ii) I am not availing any other scholarship for this purpose from any State/Central Govt.
- (iii) I shall abide by the terms and conditions for sanction of the Pre-matric Scholarship.
- (iv) If the information given by me is found to be false/incorrect, the scholarship sanctioned to me, may be cancelled and the entire amount of scholarship will be refunded by me or recovered from me, apart from penal action as warranted.

Date :	Signature of the Student
Place :	(Signature of Parents/Guardian for Class I - V students)

(To be Filled up by the Head of the School/institute)

PART-3

Verilleation	minormation to be furnished by the Head of School Institute:
(i) It is ce	rtified that the information filled in the above mentioned columns (1 to 19) by
Shri/Kumari	
who is studying in o	lass for the academic session 2015-16 in this school/Institute is
correct.	
(ii) It is also	certified that the above student belongs to (Name of Minority
Community).	
Date :	Signature of Head of the
Place :	School/Institute with official seal

नोट :-1. बिहार में अध्यनरत छात्र/छात्रा जिस जिला में नामांकित है उस जिला के अल्पसंख्यक कल्याण पदाधिकारी (DMWO) के कार्यालय में और ऐसे छात्र / छात्रा जो बिहार के बाहर किसी दूसरे राज्य में अध्यनरत हैं वह अपने गृह जिला के अल्पसंख्यक कल्याण पदाधिकारी (DMWO) के कार्यालय के रजिस्टंड डाक या स्पीड पोस्ट हाथों हाथ, अंकपत्र, आय-प्रमाण पत्र के साथ आवेदन जमा कर सकते हैं।

2. वैसी छात्राएँ जिन्हें राज्य प्रायोजित छात्रवृति योजना के तहत आच्छादित किया जा रहा है, इस योजनान्तर्गत आवेदन नहीं करेगी ।