

**FORM- XLIII.**

[See rule 281]

**APPLICATION FOR EDUCATIONAL SCHOLARSHIP**

Name of Course ..... Year .....

1. Name of the student
2. Male/ Female
3. (a) SC/ ST  
(Whether proof is attached)
4. Name of college and affiliated University/ Board
5. Name and year of Course
6. Date of admission to the course
7. Age & Date of birth of the student
8. Details of qualifying examination passed  
Name of Exam          Name of affiliated          Month & Year of passing  
University/ Board/State          qualifying examination
9. Marks scored in the qualifying examination          Maximum marks  
  
Subject          Marks scored          Maximum Marks          Percentage          Total marks
10. (a) Name of parent of applicant  
(b) Registration No.  
(c) Date of payment of first subscription  
(d) Date of payment of last subscription  
(e) No of Installments paid  
  
Total subscription paid  
(f) Permanent address

- (g) Has the membership been revived Yes/ No  
If so, Period of revival

The facts mentioned above are true to my knowledge. If selected for the scholarship. I promise that I will abide by the condition stipulated in the scheme.

Place (Name & Signature of the student)  
Date

**Affidavit of the Parents of the Student.**

I, ..... (Name and address) S/o or D/o (Name & address).....

Solemnly affirm the following;

1. My son /daughter Mr./ Miss ..... is studying for .....(name and years of course).
2. I am a member of the Board since ..... (year) with registration Number.
3. Subscription has been paid upto..... .
4. If any of the above facts are found to be wrong later, the scholarship amount granted to the student will be remitted back by me. The decision of Secretary in this regard will be applicable to me and it will be final and I agree with the..... .
5. I also agree to recover any amount of default due from me.

Place: (Name & Signature)  
Date:

(To be signed before MLA/ MP / Panchayat President / Gazetted Officer of State or Central)

I certify that Shri/ Smt.....who has signed above has put the signature in my presence.

Place:

Date:

(Seal)

**Attesting Officer**

**Name**

**Official Designation.**

I, .....Head of .....  
(Name of institution) hereby certify that Shri/ Smt  
.....is a.....year  
student of..... course. I have examined the application submitted  
by the student and I am convinced that it is correct. This institution is affiliated to the  
.....University/ Board.

Place:

(Office Seal)

**Signature of Principal/ Head**

**Name Official Designation.**

**ENQUIRY REPORT OF DISTRICT EXECUTIVE OFFICER**

1. Shri/ Smt .....is a live member of this Board, having registration No.....and is paying subscription regularly.
2. He/ she has paid subscription regularly from.....to .....  
He/ she has not defaulted payment of subscription. Membership has been revived for the period from.....to.....I recommend/  
do not recommend the application (reason for rejection)

**(District Executive Officer)**