

APPLICATION FORM

Post-Matric Scholarship for the students of Tea Tribes Community of Assam

To,
The Sub-Divisional Welfare Officer,
.....

(through the Principal,)

- 1. Name of the candidate :-
- 2. Age (as on 01-01-20.....) :-
- 3. Father’s name :-
- 4. Permanent address
Village/Tea Garden :-
Post Office :-
Sub-Division :-
District :-
- 5. Full correspondence address :-
Village/Tea Garden :-
Post Office :-
Sub-Division :-
District :-
- 6. Telephone /Mobile No. :-
- 7. Percentage of marks in H.S.L.C. Examination and above (Details below) :

Name of Exam	Board/University	Year of Passing	Division	% of Marks

- 8. Name and duration of course :-
- 9. Amount of annual course fee :-
- 10. Name and address of the institution where studying :-
- 11. Parent’s/Guardian’s annual income :-
- 12. Caste (TGL/Ex-TGL) Certificate enclosed :-
- 13. **Bank details :**
(a) Bank Name & Branch :-
(b) Account No. :-
(c) Bank IFSC No. :-
(Applicants to attach photocopy of first Page of bank passbook)
- 14. Whether received financial assistance under this scheme in the last year :-

Applicant’s Signature

Certified that the information mentioned above has been checked and verified to be true.

Seal & Signature
Of head of institutions/Authorized signatory