APPLICATION FORM

Post-Matric Scholarship for the students of Tea Tribes Community of Assam
(for Class-XI, XII and Degree courses)

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. Gender :- Male/Female
6. Full correspondence address :-
   Village/Tea Garden :-
   Post Office :-
   Sub-Division :-
   District :-
7. Telephone /Mobile No. :-
8. Percentage of marks in H.S.L.C. Examination and above (Details below) :

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

9. Name and date of entry and date of completion of the course :-

10. Amount of annual course fee :-
11. Name and address of the institution where studying :-
12. Parent's/Guardian's annual income :-
13. Caste (TGL/Ex-TGL) Certificate enclosed :-
14. **Bank details :**
    (a) Bank Name & Branch :-
    (b) Account No. :-
    (c) Bank IFSC No. :-
    (Applicants to attach photocopy of first Page of bank passbook)
15. 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