



**OFFICE OF THE PROJECT DIRECTOR (PROJECT OFFICE)
SOCIAL JUSTICE, EMPOWERMENT & WELFARE DEPARTMENT
GOVT. OF SIKKIM
GANGTOK**

Passport
Size
Photo

(APPLICATION FORM FOR THE POST MATRIC SCHOLARSHIP)

1. Name of the applicant (in blocks letters)
2. Father' s name
3. Nationality
4. SC/ST/OBC
5. Permanent Address
6. Name of School/College
7. PARTICULARS OF EXAMINATION APPEARED COMMENCING WITH METRICULATION OR AN EQUIVALENT.

Name of examination with Year in which appeared	Whether passes/failed If passed, indicate % Of marks and Division	Institution/University Board
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I.

II.

8. Scholarship applied for the year
9. Whether receipt of Scholarship under this Scheme or any other Scheme in the previous year.
Yes/No
If yes, indicate
10. Class/Year in which studying now
11. Date of joining the Class/course
12. **Required Documents:-**
 - a. An attested copy of Old Sikkim Subject/Domicile verified certificate.
 - b. An attested of Tribal/Caste/OBC Certificate.
 - c. Annual Income Certificate of Parents/Guardian (recent). If employed, income certificate from the Head of the Office/Department may be procured.
 - d. An attested copy of passed mark-sheet of the last examination.

Signature

Name of Applicant

Address

Certified that :-

- (i) Information given by the applicant in Sl. No. 8 & 11 has been checked and found correct.
- (ii) The course in which the applicant is studying.
- (iii) This Institution is affiliated toUniversity/Board in recognized by the Govt. of India/State Government of

Undertake that the scholarship amount in respect of the applicant if and when placed at my disposal will be disbursed by me for the special purpose for which it is given and the accounts will be regularly rendered to the authority concerned. In case the applicant leaves the Institution or otherwise discontinues the studies or accepts any other regular scholarship/stipend. The fact will be immediately reported to the authority and payment of scholarship to the applicant will also be discontinued.

Signature of the Head of Institution

(Name in Capital letters)

Place:

Date:

Sl. No/PO/SJEWd

Dated the

1. Xerox copy of the form will not be accepted.
2. Scholarship will be granted subject eligibility and terms and conditions as laid down in the guidelines.
3. Last date of submission of the formThe application received after the above stipulated date and incomplete application will not be accepted.

Signature with seal of issuing authority