

**FORM OF APPLICATION FOR STATE AWARD
TO MERITORIOUS HANDICAPPED STUDENTS**

Particulars of students

1. Name of the student in full :
(Block Letters)
2. Postal Address :
3. Nature of Handicapped :
4. Name of College/University :
in which studying
5. Name and year of the examination :
6. Calendar year in which examination :
held
7. Marks obtained in the examination :
attested copies of marksheet to be
attached)
8. Whether day scholar or hostler :
9. Educational attainment reached :
at the time of applying for award
10. Date & year of commencement of :
the course
11. Date and Year of joining of the course:

Signature of the applicant

Recommendation of the head of the Institution

Certified that the student is /not attending school/College/University regularly and the facts stated above are true to the best of my knowledge and belief.

Head of Institution/College
University

L.D.
11/4/2000/

Contd....2/-

b) Percentage of marks obtained in the last examination passed (in case of examination in music, indicate division obtained

10. Have you ever-received scholarship under the scheme if yes, indicate

1. The course/state or study
2. Period for which scholarship was paid
3. Sanction/reference no.

11. Please state whether you have under gone any training course for Adult Blind/Deaf approved by the Central/State Government.

12.

1. Course of study for which scholarship is now desired.
2. Date of commencement of the course
3. Approximate date of termination of the course
4. Date of joining the present standard in the course during the current academic year

13 For Blind

Have you engaged a reader?
If yes, please indicate

1. Amount paid per month
2. Date of engagement

14. documents attached

- 1.
- 2
- 3
- 4
- 5

I do hereby declare

(I) That I shall not accept emoluments, Scholarship, Stipend, or any other financial assistance or grant in any other form whatsoever, except exemption from tuition fees, from any other source during the tenure of the Government of India Scholarship if awarded to m under the above scheme.

Or that I am in receipt of assistance to the tune of Rs. _____ from _____ and in the event of

Contd....3/-

Award of Scholarship, I undertake to refund it from the month the scholarship is payable to me, to the source from where I have received it, and that during the tenure of Scholarship, if awarded, I shall not receive any other financial assistance, emoluments, scholarships, stipend or any Grant in any whatsoever, except the exemption from payment of fees.

- (II) that the Statement made in the Application are true to the best of knowledge and belief and that no material information having a bearing on selection has been concealed or withheld.

Signature of Candidate

Counter signature of
Gazette Officer of
Central/state Government/
MP/MLA/ Magistrate/
Head of the Institution

Counter signature of the
Guardian in the case the
Candidate is Minor

Place :

Date:

S.S.

Contd....4/-

(To be filled in by the Head of the institution)

1. a) Is the Candidate enjoying free board and /or lodging facility or any other concession in kind from any other source?
b) If so, indicate the monthly amount equivalent to the concession.
2. a) Is the Candidate residing in any hostel attached to School/college/establishment? If so, date from which residing.
3. b) Details of the nearest branch of Reserve Bank of India/ State Bank Of India or a subsidiary Bank affiliated to the State Bank of India where govt. Business is transacted.
b) The designation of the Officer in whose favour Demand Draft maybe remitted.
4. For Orthopaedically Handicapped:
I a) Is the candidate using any Prosthetic appliance (s) and Ais needed?
b) If so, please indicate the nature of appliance (s) used
II. a) Is the Candidate using special Transport to and from the Institution?
b) If so, please indicate clearly the mode of transport and approximate distance traveled daily

Contd....5/-

5. For Blind

Has the candidate engaged a reader?

If so, the monthly amount paid to him/her and the date from which engaged.

Certified that

- i) The information given by the applicant in Part I has been checked and found correct.
- ii) This institution is affiliated to the University of _____ and/or recognised by the Government of _____ and the course of study training is recognised by the University/Government.

No.

Signature of the Head of the Institution

Place:

Name:
(In Block Letters)

Date:

Designation

Address

PIN

(Seal of the Head of the Institution)

I hereby declare –

- (i) That I shall not accept Emoluments, scholarship, Stipend or other financial assistance or Grant in any other form except any incentive from the Employer with regard to this Training.
- (ii) That the Statement made in the application are true to the best of my knowledge and belief and that no material information having bearing on selection has been concealed or withheld.

Signature of the Candidate

Countersignature of
Gazetted Officer of
Central /State Government
/MP/MLA/Magistrate/ Head
of the Establishment

Countersignature of the Guardian
In case the Candidate is a minor

Place:

Date:

Contd.... P /9

(Part II)

(To be filled in by the Head of the Establishment/approved industry)

1. (a) Is the candidate being paid salary/ emoluments etc. in connection with the training?
(b) If so, indicate his/her monthly salary/emoluments
2. Is the candidate residing in an Hotel attached to the establishment/Industry? If so, date from which residing.
3. a. Details of the nearest Branch of Reserve Bank of India, Or State Bank of India, or a Subsidiary Bank affiliated to the State Bank of India where Government Business is transacted.
b. The designation of an Officer in whose favour Demand Draft maybe remitted

Certified that

- (i) The information given by the applicant in Part I has been checked and found correct.
- (ii) The establishment/Industry is approved by the Union Labour Ministry or the State Government and Registration No is _____
- (iii) Shri/Km/Smti _____ is a handicapped person. (Deaf, Blind or orthopaedically handicapped, mentally retarded etc. and has been placed for implant training in our establishment with effect from _____ and the training will be over on _____

Signature of the Head of the Establishment/Industry

Name _____
(In Block Letters)

No: Designation

Place: Address

Date: Pin

Seal of the Head of establishment/Industry)

Contd P/10

**GOVERNMENT OF MEGHALAYA
DIRECTORATE OF SOCIAL WELFARE**

SHILLONG

(Medical Certificate for the Deaf)

Certified that I Dr. _____ Registration No _____
have this _____ day of _____ 2000 examined the
candidate whose particulars are given below:

9. Name of Candidate:
10. Father's Name:
11. Sex:
12. Approximate Age:
13. Identification marks
14. An estimate of the residual hearing if any and the basis on which this estimate has been arrived at
 - i) Right ear
 - ii) Left ear
15. On set of deafness (Please state whether deafness is from birth or acquired later. If it has been caused afterwards the age and cause of deafness maybe indicated). For the purpose of Scholarship the deaf are those in whom the sense of hearing is non-functional for the ordinary purpose of life. Generally loss of hearing at 70 decibels or above 500, 1000, 2000 frequencies will make residual hearing non-functional).
16. Please state clearly whether the Candidate is deaf for the purpose of the Scholarship
17. Please enclose Audiogram chart

Signature of candidate

Signature of ENT specialist

Place:

Designation

Date:

Address

**GOVERNMENT OF MEGHALAYA
DIRECTORATE OF SOCIAL WELFARE
SHILLONG**

APPENDIX - V

(Medical Certificate in respect of an Orthopaedically Handicapped candidate)

For the purpose of scholarship the Orthopaedically handicapped are those who have physical defect or deformity which causes an interference with the normal functioning of the bones, Muscles and joints

Certified that I Dr. _____ Registration No _____
have this _____ day of _____ 2000 examined the
applicant whose particulars are given below and that he/she falls within the above definition.

3. Name of Candidate:

4. Identification marks

5. Sex:

6. Father's Name:

7. Approximate Age:

8. A) Nature of Disability

(Tick from the followig list)

POST – POLIO PARALYSIS ? HEMIPLEGIA, QUADRAPLEGIA, MALUMITIED FRACTURE,
NERVE PARALYSIS, UPPER EXTREMITY, LOWER EXTREMITY LIMP, PAINFUL,
SHORTENING, DEFORMITY, CONGENITAL ACQUIRED, ABOVE KNEE, BELOW KNEE, HIP,
HEMIPELVECTOMY, SYMES, CHEOPARTS, WRIT, FINGERS, BELOW ELBOW, ABOVE
ELBOW, SHOULDERS, FORE QUARTER, UNILATERAL, BILATERAL,

b) Extent of Disability:

Estimate in Percentage (Mc Bride Scale)

ON ANOTOMICAL, FUNCTIONAL, (PATIENTS ASSESSMENT, EXAMINER'S ASSESSMENT)
ECONOMICAL BASIS MENTION AS PERCENTAGE BELOW 25, 25-57, 75-90 TOTAL
DISABILITY).

c) Use of Appliance

(Tick from relevant list)

CALLIPER, CRUTCH, ABOVE KNEE, BELOW KNEE PROSTHESIS, CANE, UNILATERAL,
BILATERAL, ABOVE ELBOW, BELOW ELBOW, HEMIPELVECTOMY, SHOULDER DIS-
ARTICULATION

d) ANY OPERATION DONE OR INDICATED

e) PHOTOGRAPGH (ATTESTED)

To show the nature of disability and any appliance used

7. Any other particulars to clarify the nature and extent of disability that the surgeon might like to point out.

Signature of the Candidate

Signature of the Orthopaedic Surgeon

**GOVERNMENT OF MEGHALAYA
DIRECTORATE OF SOCIAL WELFARE**

SHILLONG

(Medical Certificate for the Mentally Retarded)

Certified that I Dr. _____ Registration No _____
have this _____ day of _____ 2000 examined the
candidate whose particulars are given below and that he/she falls within the definition of
Mentally Retarded.

1. Name of Candidate:
2. Father's Name:
3. Sex:
4. Approximate Age:
5. Identification marks:
6. (a) Please state whether the candidate is mentally retarded since birth or became so later, the age and cause of mental retardation or mental deficiency maybe indicated.

(for the purpose of scholarship the mental retardation can be defined as significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour, and manifested during the developmental period extend upto the age 18 years)

(b) Extent of Mental retardation or mental handicapped. Estimate in IQ (Ordinarily an Individual with IQ level below 70 is considered mentally retarded)

7. Please state clearly whether the candidate is mentally retarded for the purpose of scholarship.
8. Any other particulars to clarify the extend of mental retardation or mental handicap which the clinical Psychologist or Psychiatrist would like to point out.
9. Please state the Training capability of the individual and the types of Training for which he is suitable.

Adaptive behaviour is defined as the effectively or degree with which the individual meets, the standard of personal independence and social responsibility expected of this and cultural group

Signature of Candidate

Place:

Date:

Signature of the Clinical

Psychologist or Psychiatrist

Designation:

Office stamp

**GOVERNMENT OF MEGHALAYA
DIRECTORATE OF SOCIAL WELFARE**

SHILLONG

(Scholarship for the Disabled)
INCOME CERTIFICATE
(Vide Rule) 4 (iv)

APPENDIX - VII

I _____ certify to the best of my knowledge and belief the total combined from all sources of both parents/guardians of Shri/KM/Smti. _____
(Name of Candidate)
resident of _____ is Rs. _____ (Rupees _____
_____) per month

Signature of Candidate

Place:

Date:

Signature

Name in Block letters

Designation:

Office stamp

I, father/Guardian of Shri/Km/Smti. _____

Undertake to intimate to the state Department of Social Welfare Education, any of change in the above mentioned income that takes place at any time during the dependency of the scholarship.

Place:

Date:

Signature

Profession:

Postal Address:

N.B. It may be given by a Revenue Officer not below the rank of Naib Tahsildar or any other Officer of equivalent status or any affidavit attested by a First Class Magistrate or a Certificate from a Gazetted Officer of the Central or State Government or a Member of Parliament or State Legislature.

Mm/.....

Contd 15/-

**GOVERNMENT OF MEGHALAYA
DIRECTORATE OF SOCIAL WELFARE
SHILLONG**

APPENDIX – VIII

Annual Progress Report of the Disabled scholar for the year ending 20____

- 1) Name of Scholar:
- 2) Nature of handicapped
- 3) Course of study/training pursued:
- 4) Date of joining the course in your institution:
- 5) Present standard of study:
- 6) Date of joining present standard:
- 7) Approximate date of conclusion of course in your institution:
- 8) (I) Date of commencement and termination of examination. State whether the examination was a public one or otherwise
- (ii) Result of the examination and comments
- 9) (I) Whether scholar has sought the admission after annual public examination & if so, the date of rejoining the institution.
(ii) Whether Scholar was continuously on the rolls of the institution.
(iii) If not, indicate the reasons of absence and the period of absence
- 10) Any warning/caution issued to the scholar for poor progress of studies/poor conduct of for other reasons give details.
- 11) Please state if the Scholar is in receipt of financial assistance from other source, if so, the name of the source, the amount per month/any other details may be indicated.
- 12) Whether the Scholar is continuously residing in approved Hostel.
- 13) Any other remarks

Date:

Signature of the Head of the Institution

Place: