APPLICATION FORM FOR STATE AWARD TO MERITORIOUS HANDICAPPED STUDENT

Particular of Students –

| 1. | Name of the student in full (block letters) | : |
|-----|--|---|
| 2. | Postal Address | : |
| 3. | Nature of Handicapped | : |
| 4. | Name of the College/University in which Studying | : |
| 5. | Name and year of the examination passed | ; |
| 6. | Calendar year in which examination held | ; |
| 7. | Marks obtained in the examination (Attested copies of marksheet to be attested). | : |
| 8. | Whether day scholar or hosteller | : |
| 9. | Educational attainment reached at the time of applying for award | : |
| 10. | Date and year of commencement of the course : | |

11. Date and year of joining of the course

Signature of applicant

12. Recommendation by the Head of 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.

:

Seal and Signature Head of Institution

/College/University. APPENDIX – II

Certificate for Reader Allowances for Visually Handicapped Scholar

(This is to be signed by the Head of the Institution)

| Certified that I have the personally satisfied myself that Shri/Kumari |
|--|
| has continuously employed with effect from |
| Shri/Kumari |
| as Reader at Rs per month |

It is further certified that allowance paid to the Reader is not less than the allowance being paid to the scholar for this purpose. This address and qualification of the Reader are as under :-

> Signature of the Head of Institution (SEAL)