

**APPLICATION FORM**  
**APPENDIX-“A”**  
**DECLARATION**

**Haryana Govt. scheme for the award of Scholarships for the physically handicapped**

I hereby declare that I shall not accept emoluments of scholarships, stipends, or any other financial assistance or grant of in aid in any other form whatsoever, except exemption from tuition fee from any other source during the tenure of the Haryana Government's scholarships awarded to me under the above mentioned scheme I further declare that if I have received any financial assistance etc. as above, I shall refund it on receipt of my scholarships to the source from where I have received it.

**SIGNATURE OF THE  
SCHOLAR**

**SIGNATURE OF THE PARENTS/GUARDIAN**

**Countersigned**

Address.....  
.....  
.....

Signature of the Head of the  
Institution (SEAL)

**\*\*ATTESTATION**

Certified that to the best of my knowledge that the statement given by the scholar's Parents/Guardian is correct.

**SIGNATURE OF THE  
ATTESTION  
OFFICER WITH SEAL**

**\*\* (This attestation should be attested by a Gazetted Officer or by a First Class Magistrate).**

**APPENDIX- "B"**

**APPLICATION FORM FOR THE GRANT OF SCHOLARSHIPS TO THE PHYSICALLY HANDICAPPED STUDENTS.**

- 1 Nature of handicap (Please state whether the applicant is blind, deaf or handicapped)
- 2 Name of scholar (in block letters)
- 3 Whether the applicant is scheduled caste/backward class or not
- 4 Sex (male or female)
- 5 Date of birth
- 6 Age in Years
- 7 State of domicile
- 8 Present complete address: -----
- 9 Permanent address-----
- 10 Name of the father/guardian-----
- 11 Total monthly income of both the parents/guardian
- 12 Please state if the applicant is in receipt of any other financial assistance from any other source. If so, please furnish the following: -
  - a) The sources:
  - b) The purpose of which assistance is given:
  - c) Type of work done, if the applicant is employed:

Brief history of the educational carrier: -

Name of the institution	Duration	Examination	Remarks
Attended from very start		passed in year	pass/fail.

---

**SIGNATURE OF THE SCHOLAR**

**SIGNATURE OF THE HEAD OF THE INSTITUTION (WITH SEAL)**

**SIGNATURE OF THE PARENTS/GURADIAN**

**APPENDIX- "C" III**

**(SCHOLARSHIP TO THE PHYSICALLY HANDICAPPED STUDENTS)**

Medical certificate in respect of orthopaedically handicapped

- 1 This certificate should be signed by Government Regd. orthopaedic Surgeon
- 2 For the purpose of these scholarships the orthopaedically handicapped are those who have physical defect or deformity lack, which causes an interference with the normal functioning of the bones, muscles and joints.

Certified that I have this day of moth/year-----examined the applicant whose particulars are given below and that he/she do/does not fall back within the above definition.

- 1 Name of the applicant
- 2 Identification marks
- 3 Sex
- 4 Father's name
- 5 Approximate Age
- 6 Is there a limb, if so, the extent and character
- 7 Is there weakness or paralysis of any muscle
- 8 Other particulars of the defect to enable the Govt. clearly understand the nature and extent of disability.

**SIGNATURE OF THE APPLICANT/SCHOLAR**

**SIGNATURE ORTHOPAEDIC SURGEON**

**SIGNATURE OF THE PARENTS/GURADIAN**

Important note:- The certifying orthopaedic Surgeon is requested to give so many particulars as possible in any language which could be understood as well as by a lay man.

**APPENDIX-“D”**

(Scholarships to the physically handicapped students)  
**(INCOME CERTIFICATE)**

This certificate should be signed by a Revenue Officer not below the rank of Naib Tehsildar or a Gazetted Officer or attested by a 1<sup>st</sup> Class Magistrate.

Certified that to the best of my knowledge the total income from all sources of both the parent/guardian of Shri/Km.-----  
S/o/Do/ Shri-----is:

**BELOW Rs.4,000/-**

**Signature of the applicant**

**Signature of the Certifying or Attesting Officer**

Name in block letters

Designation

Full Address & Seal

I undertake to intimate to the Director, Social Justice & Empowerment Department, Haryana, Chandigarh if any change in the above mentioned income that makes place any time during the pendency of the scholarship.

**Certifying Signature of the Parents/Guardian**

## **APPENDIX-“E”**

### **ANNUAL PROGRESS REPORT OF THE PHYSICALLY HANDICAPPED STUDENTS**

- 1 Name of the scholar
- 2 Father/Guardian's name
- 3 Date of birth of scholar
- 4 Nature of disability
- 5 Percentage of disability
- 6 Course of study (Whether Primary or Middle course of study)
- 7 Class passed last year
- 8 Result of class passed last year i.e. preceding year
- 9 Present standard of study (Class)
- 10 Date of admission in the present class
- 11 Date of termination of final examination of the present class
- 12 Whether the scholar is continuously on the rolls of this institution.
- 13 Any warning/caution issued to the scholar for progress in studies on account of poor conduct or for any other reasons give details.
- 14 Is the scholar<sup>45</sup> in receipt of any other financial assistance from any other source except scholarship, if any, giving details?
- 15 Name of the nearest branch of SBI/SBOT from where the bank draft is to be encashed.
- 16 Name & address of the person(s) in whose favour the bank draft is to be issued.
- 17 Any other remarks (please specify in details)

**SIGNATURE OF HEADMASTER/PRINCIPAL**

**SIGNATURE OF SCHOLAR**