**GOVERNMENT OF HARYANA**

**TECHNICAL EDUCATION DEPARTMENT HARYANA**

**APPLICATION FORM UNDER TRANSPORT FACILITY REIMBURSEMENT TO SCHEDULED CASTES**

**2020-21**

*The candidates are advised to submit their application to the Principal concerned of their institution not later than the notified last date*

**PART – A**

Passport size

Photograph with

Signature of

Candidate attested

by HOD/Principal

1. **Name in full (in Block letters):** Shri/Shrimati/Kumari
2. **Aadhaar / UID No. (12 digit number)**
3. **Father’s/Husband’s name:**
4. **Nationality:**
5. **Caste/Sub-Caste:**
6. **State where permanently settled:**

District State

Residence Address

1. **E-mail Address:**

**Phone No.**

1. **Name and address of the guardian and relationship with applicant:**

Relationship Residence Address

1. **Name of the institution where student is studying**

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| (a) Year of Admission | | | | | | | | | | | | (b) Course/Trade | | | | | | | | | | | | | | |  | (c) Class/Semester | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | (d) Tuition Fees Paid | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  | Name of | | | | | | | |  |  | Actual Tuition fees paid | | | | | | | | | | | | |  |  |  | Fixed by State Fee | | | | | | | | | | | |
|  | Course/Class/Semester | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Committee | | | | | | | | | | |
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1. **Income Certificate (only parents income) from SDM/Tehsildar**
2. **Name of the bank with address Bank Account No.**

**MICR/IFSC code of Bank**

1. **Particulars of examination taken commencing with the matriculation or equivalent examination (Please attach attested copies of certificates/mark sheets. Any break in educational career should be mentioned in remarks column indicating also how he/she occupied himself/herself in that period) duly supported by an affidavit from the competent authority:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of | Year in | Whether passed or not in | University | Board | Remarks |
| Examination | which | case of last exam passed |  |  |  |
|  | taken | indicate percentage of |  |  |  |
|  |  | marks and division |  |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

**FOR RENEWAL CASES**

(Strike off, if not applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| 14. (a). Whether in receipt of scholarship under this scheme | Yes/No | | |
| in the previous year, indicate |  |  |  |
|  |  |  |
|  |  |  |  |

* 1. Name of the scholarship scheme
  2. Courses of study for which scholarship was given
  3. Name of the institution in which the scholarship was awarded

1. (i) Courses of study for which scholarship is now desired
2. Class in which studying this year
3. Date of joining the institution
4. Class Roll No.
5. Details of Scholarship already availed under the scheme.

Session

Amount

(vi) Total Fees Paid

|  |  |  |
| --- | --- | --- |
| Name of | Actual Tuition fees paid | Fixed by State Fee |
| Course/Class/Semester |  | Committee |
|  |  |  |

* + 1. Result of Examination Passed. Session/Semester
  + of Marks obtained

1. *(i) I/we hereby declare that I/we have read the regulations of the scheme and agree to abide by the terms and conditions of the award. I/we certify that the statements made in the application are correct and if any of them is found to be incorrect by the authority whose decision will be final and binding on me/us. I/we undertake to refund to the said authority on demand the entire amount of scholarship received by me/us or over paid to me/us failing which the said authority may recover the amount from me/us through whatever means it deem proper. That I have not claimed benefit under PMS of GOI for Scheduled Castes or from any other scheme.*

*(ii) I/we further undertake that his/her application is being submitted for the above scholarship for first time for the present class.*

**

Date: (i) Signature of applicant

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Signature/left/right hand thumb impression of the parents/guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART – B**

(To be filled by the Head of Institution)

Certified that:

1. Information given by the applicant in Part-A has been checked and found correct /has been corrected in red-ink.
2. The course in which the applicant in studying in this Institution is a post matric. (iii)The Institution is affiliated to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University / Board and

is recognized by the State Government of Haryana and that the applicant is studying \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ course in this institution and the minimum qualification required for admission to that course is a pass in the

\_\_\_\_\_\_\_\_\_\_\_\_\_ examination.

(iv)Certified that no eligible students studying in the institution is left out for grant of Scholarship and this list may be treated as final.

1. Certified that the scholarship for the stipened holder named above have been regular in attendance and have confirmed to the rules under which their

scholarship of their stipend are granted.

(vi)Certified that the eligibility of the student have been rechecked and discrepancy noticed has been reported to the department / disbursing institute *vide* letter no.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I undertake that the scholarship amount in respect of the applicant if and when placed at my disposal will be disbursed by me for the specific purposes for which it is given and the accounts will be regularly rendered to the authority which awarded the scholarship. In case the applicant leaves/migrate the Institution or otherwise discontinues the studies or accepts any other regular scholarship/stipend, the facts will be immediately reported to the said authority and payment of scholarship to the applicant will also be discontinued. The undisbursed amount lying with the Institution an account of maintenance charges, fees etc. will also be refunded to the Government.

Signature of the Head of Institution

Place: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_

Name in capital letters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal of the Institution)

**Check list of Document attached:**

|  |  |  |
| --- | --- | --- |
| i. | Scheduled Caste certificate | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ii. | Income declaration/certificate | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| iii. | Attested copies of marks sheet/certificate | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| iv. | Attested Copy of Domicile certificate | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| v. | Copy of receipt of tuition fee | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vi | Copy of receipt of Bus/Train Pass Charges | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vii | Attested of Aadhar Card/Ration Card | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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