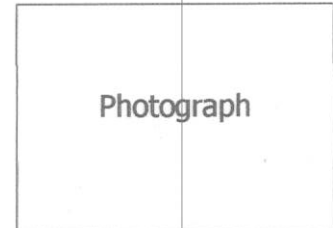


**GOVERNMENT OF MEGHALAYA  
SOCIAL WELFARE DEPARTMENT**

**Scholarship for the Disabled**

Application Form for Fresh Scholarship

Application must reach the Social Welfare Department  
not later than .....



**PART – I**

(To be filled in by the candidate)

- 1. Nature of handicapped :
- 2. Name in full Shri/Smti/Km (in block letters) :
- 3. Present Address :
- 4. Permanent Address District & State :
- 5. (a) Are you a citizen of India ? :  
If so how ?
- (b) whether Scheduled Caste/Tribe (if yes, state of caste/tribe)
- 6. Date of Birth (in Christian era) :
- 7. Name and address of the Parents /Guardian and relationship of the Guardian with the applicant :  
Name of parent/guardian .....  
.....  
Profession .....  
Address .....  
.....  
Relationship of guardian .....  
.....

**GOVERNMENT OF MEGHALAYA  
SOCIAL WELFARE DEPARTMENT**

**Medical Certificate for the Mentally Handicapped**

Certified that I Dr.....  
Registration No. .... have this .....  
Day of ..... 20 ..... examined the  
applicant 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 mark
6. a) Please state whether the candidate is mentally handicapped since birth or became so later; the age and cause of mental retardation on or mental deficiency may be 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 development period.

Adaptive behaviour is defined as the effectively or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group, (Development period extends upto the age of 18 years).

8. Total monthly income of both the Parents/guardian :

9. Please state if you are earning and income : Yes/No

If yes please indicate

i) The source :

ii) The monthly amount :

10. (a) Particulars of all examinations passed (commencing with the middle or equivalent examination)

| Name of Examination | Year | Subjects taken | Name of Institution | Name of Board/University |
|---------------------|------|----------------|---------------------|--------------------------|
|                     |      |                |                     |                          |
|                     |      |                |                     |                          |
|                     |      |                |                     |                          |
|                     |      |                |                     |                          |
|                     |      |                |                     |                          |

11. Have you ever received scholarship under the scheme ? If yes, indicate : Yes/No

(i) the course/state of study :

(ii) period for which scholarship was paid :

(iii) Sanction/Reference No. :

12. Please state whether you have undergone any training course at any training centre for adult blind/deaf approved by the Central/State Government :

13. i) Course of study for which scholarship is now desired :

ii) Date of commencement of the course :

iii) Approximate date of termination of the course :

iv) Date of joining the present standard in the course during the current academic year. :

14. For visually handicapped :

Have you engaged a reader? :

If yes, please indicate :

i) Amount paid per month :

ii) Date of engagement :

15. Documents attached :

i) :

ii) :

iii) :

iv) :

v) :

i) I hereby declare 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 scholarship from Government of Meghalaya in the Social Welfare Department if awarded to me under the above scheme.

**OR**

That I am in receipt of assistance to the tune of Rs.....  
..... from and in the event of 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 other grant in any form whatsoever, except the exemption from payment of fees.

ii) That the statements made in the application are true to the best of my knowledge and belief and that no material information having a bearing on selection has been concealed or withheld.

Place :

Signature of the candidate

Date :

Counter signature of the guardian in case the candidate is minor.

No.

Name .....

(in block letters)

Designation .....

Place :

Address .....

Date :

PIN .....

(Seal of the Head of the Institution)