

**Government of Goa
DIRECTORATE OF TRIBAL WELFARE
Panaji - Goa**

**Application Form under the Scheme of Scholarship to Scheduled Tribes
Students pursuing Home Nursing Courses for the Academic Year _____**

FOR OFFICIAL USE ONLY

Sr. No. of Application	Year	Course	Whether approved	Value of Scholarship	Name of the Officer with Signature

Part - A [To be filled up by Applicant]

1. Full Name : (in Block Letter) Shri/Smt/Master/Miss

Surname																
First Name																
Middle Name																

Affix a
self-attested
Passport size
Photograph

2. Father's Name:

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3. Mother's Name:

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4. Permanent Address for Correspondence :

House No.																
Mohalla/Street																
City/Town/Village																
VP/Municipality																
Taluka																
District																
Assembly Constituency																
State		G	O	A												
Pin Code																
Telephone/Mobile																
E-mail																

5. Date of Birth : (Please enclose certificate)

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6. Place of Birth

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7. Gender

Male Female Other

8. Nationality :

I N D I A N

Marital Status :

Married Un Married

9. Religion :

Hindu Christian

10. Scheduled Tribe Community :

Gawda Kunbi Velip

11. ST Certificate No.:

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Date :

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12. Ration Card No.:

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Adhar No. :-

13. Details of educational qualifications from matriculation onwards
(Please enclose attested copies of Certificates)

Examination Passed	Name of School/College/Institute	University/Board/Institute/Council of Examination	Year of passing	Percentage Marks	Division/Class/Grade

14. Details of course for which scholarship is being sought :

- (i) Name of class/course : _____
 (ii) Duration of class/course : _____
 (iii) Academic year : _____
 (iv) Class/course last attended/academic year : _____

 (v) Total Marks obtained and percentage in last examination : _____

15. Details of school/college/institute, including residential ones :

- (i) Name of school/college/institute where admitted : _____

 (ii) Address of school/college/institute : _____

16. Total Annual course fees : Rs. _____

17. Day Scholar or Hosteller : _____ If Hosteller then please specify

- (i) Whether staying in the hostel run by the school/college/institute: YES/NO
 (ii) If no and staying as an outstation student as paying guest or in rented accommodation in towns/cities which are not the places their parents resides, then the postal complete address of the landlord :
 Name of landlord _____
 Rent per Month _____
 Full Postal Address _____

 Telephone/Mobile of landlord _____

18. Details of bank account of student :

- (i) Name of the payee (as in the bank accounts): _____
 (ii) Name of the Bank: _____
 (iii) Bank Branch (Full Address) : _____

 (iv) Branch Code Number: _____
 (v) Bank Account Number _____
 (in words) _____
 (vi) Type of Bank Account : Savings / Current
 (vii) MICR Code of the Bank: _____
 (viii) Mode of Electronic transfer available in the Bank - ECA/RTGS/NEFT/CBS/
 Code Number (if any) : _____

19. Annual Income of Parents/guardian of the student : ₹ _____
 If Income Certificates is of guardian state the guardian's name and relation with student

20. Whether applicant was in receipt of scholarship under this scheme or any other scheme in the previous year, if yes, indicate name of the scholarship scheme, course and institute :

Name of the Scholarship Scheme	Course	Institute	Whether Scholarship Amount received YES / NO

21. Physical Disability if any : YES NO If Yes Please Specify

Blindness	Low Vision	Hearing Impaired	Speech Disability	Loco Motor Disability	Severely Orthopaedically Handicapped	Mental Retardation	Mental Illness	Leprosy Cured

22. Documents enclosed with the application :

- | | |
|---|--|
| <input type="checkbox"/> 1. Passport Size photograph | <input type="checkbox"/> 6. Scheduled Tribe Certificate issued by competent authority. |
| <input type="checkbox"/> 2. Attested copies of certificate of educational qualifications. | <input type="checkbox"/> 7. Fees payment receipts. |
| <input type="checkbox"/> 3. Copy of ration card. | <input type="checkbox"/> 8. Copy of Bank Pass Book |
| <input type="checkbox"/> 4. Birth Certificate. | <input type="checkbox"/> 9. Resident Certificate issued by competent authority |
| <input type="checkbox"/> 5. Income Certificate issued by competent authority. | <input type="checkbox"/> 10. Disability Certificate issued by Medical Officer. |

23. Declaration :

- (i) I hereby declare that the information given above is correct.
- (ii) I am not availing any other scholarship for this purpose from any other source.
- (iii) I shall abide by the terms and conditions of sanction of the Home Nursing Scholarship.
- (iv) I undertake that if, at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false or if I violate the terms and conditions of the scholarship, the scholarship sanctioned to me, may be cancelled and the entire amount of scholarship will be refunded by me or recovered from me, apart from me, apart from such penal action as warranted by law.

Date : _____

Place : _____

Signature of the Student

Signature of the Parent/Guardian

Part - B [To be filled up by the Head of the school/college/institute]

24. Details of school/college/institute, including residential ones :

- (i) Name of school/college/institute where admitted with address :

Name																	
Locality																	
Mohalla/Street																	
City/Town/Village																	
Taluka																	
District																	
State																	
Telephone																	
E-mail																	
Website																	

25. Details of bank account of school/college/institute :

- (i) Name of the payee (as in the bank accounts): _____
- (ii) Name of the Bank: _____
- (iii) Bank Branch (Full Address) : _____

- (iv) Branch Code Number: _____
- (v) Bank Account Number _____
(in words) _____
- (vi) Type of Bank Account : Savings / Current
- (vii) MICR Code of the Bank: _____
- (viii) Mode of Electronic transfer available in the Bank -
ECA/RTGS/NEFT/CBS/Code Number (if any) : _____

26. Verification/information to be furnished by the Head of school/college/institute :

1. It is certified that the information filled in the above mentioned columns by Shri/Kumari _____ s/o / d/o Shri _____ who is admitted in _____ course for the academic year _____ in this school is correct/has been corrected in red ink.
2. He/she is a hosteller/day scholar of the school/college/institute.

or

He/she is staying as paying guest/in a rented accommodation at the address given at para 17 as per office records
3. He/she is a fresher admitted in the school for academic year _____.
4. The course in which the applicant is studying in this institution is Home Nursing of:
 - a. Certificate Course in Home Nursing Course of duration of at least six months **OR**
 - b. Diploma in Home Nursing Course of duration twelve months or above **OR**
 - c. Degree in Nursing of duration three years. **OR**
 - d. Health worker course of duration one year.
5. This institution is affiliated to _____ University/ Board and is recognized by the Government of India/Goa.
6. Compulsory fees and other incidental charges to be paid by the applicant to the institution for the current academic year from _____ to _____ as per details given below:

Sr. No.	Particulars of all non-refundable compulsory fees payable by the applicant	Amount actually payable
1.	Tuition Fees	
2.	Examination Fees	
3.	Games	
4.	Medical Examination Fees	
5.	Library Fees	
6.	Identity Card Fees	
7.	Practical Fees	
8.	Enrolment Fees	
9.	Laboratory Fees	
10.	Any other fees compulsory payable (to be mentioned item wise)	
	Total	

Total course fee : Rs. _____

Note :Enclosed fee receipts issued by the institution/college/University should tally with fees structure approved by the Government for concerned stream.

7. If the applicant is residing in a Hostel, indicate if He/She is entitled for free boarding and lodging: _____
8. In case the applicant leaves the institution or otherwise discontinues the studies or accepts any other scholarship/stipend, the fact will be immediately reported to the authority so that payment of scholarship to the applicant will also be discontinued. The undisbursed amount lying with the institution on account of maintenance charges, fees etc. will also be refunded to the Government account.

Place :
Date :

Seal of Institution

Signature of the Head of the school/
college/institute with official seal