

6. Date of Birth as per Birth Certificate/School Leaving Certificate

Day		Month		Year			

7. Sex : Male Female 8. Nationality

8. Details of Disability

Blind Deaf Orthopedically Handicapped

% Disability as per Disability Certificate

Disability ID No.	<input type="text"/>
Issued by	<input type="text"/>

If blind, have you engaged a scribe? YES NO

If YES, amount paid per month

Are you using any assistive devices (e.g., wheel chair, scooter, canes, crutches, prosthetic devices, orthotic devices, any other?) YES NO

If YES, give the name of the device

9. Educational Qualifications

Examination passed	Name of the Institution	Year of Admission	Year passed	Whether Full/Part time / Correspondence	% Marks obtained	Class/ Division

Did you drop out from any institute at any point of the course?

YES

NO

If YES, mention the following:

Name of the Course	
Year of discontinuation of the course	
Name of the Institute	
Reason for dropping out	
Name & Phone no. of the Head of the Institution	

10. Previous financial support received, if any

Did you receive any financial support / scholarship for any previous course?

YES

NO

If YES, provide the following:

Source	Course	Duration	Amount

11. Previous skill training course, if any

Have you undergone any skill training course?

YES

NO

If YES, provide the following:

Skill Training Course Name	
Institute	
Duration	
Year of Admission	
Year of Completion	
Course fee, if any	

12. Family & Income

Father's Name	
Contact No.	
Occupation / Source of Income	
Annual Income	

Mother's Name	
Contact No.	
Occupation / Source of Income	
Annual Income	

Any other Source of Income of the Household	
Total Annual Household Income	

No. of Siblings (BROTHER/SISTER) , if any	
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If in your family there are persons with disability other than you, give the following

Name of the Person	Relationship	Age	Type of Disability

Does your family possess a BPL (Below Poverty Line) Card? YES NO

If YES, provide BPL Card No.

Are you employed or earning some income? YES NO

If YES, provide the following

Source of Income	
Amount earned annually	

13. Details of course of study for which Bharti Infratel Scholarship is applied

Name of the Course	
Name of the Institution	
Address of the Institution	
Duration of the Course	
Course fee per month/semester/year	
Pursuing* / Yet to apply / Applied for admission / Drop out	
If pursuing which year / semester	
If drop out, reason for drop out	

*** If pursuing/ already in college , Part II of this application has to be filled up and submitted.**

DECLARATION

We hereby declare that the information furnished above is correct and true to the best of our knowledge and based on records. We possess all supporting documents and evidence for the input. We also agree to abide by the Rules & Regulations and Terms & Conditions of Bharti Infratel Scholarships Scheme, if awarded to the applicant.

Place:

Signature of Parent/Guardian

Signature of the Applicant

Date:

In case of orthopedically challenged / any applicant who is unable to sign by himself / herself, application may be submitted only with Parents / Guardian's signature.

LIST OF REQUIRED DOCUMENTS / TESTIMONIALS TO BE SUBMITTED ALONG WITH APPLICATION

Document	Please Tick <input type="checkbox"/> if attached with the application
Self attested Photocopy of proof of date of birth	
Self attested Photocopy of mark sheet of the HSLC examination	
Self attested Photocopy of certificate HSLC examination	
Self attested Photocopy of mark sheet of the 10+2 examination	
Self attested Photocopy of certificate of the 10+2 examination	
Self attested Photocopy of mark sheet of Graduate examination, if any	
Self attested Photocopy of certificate of Graduate examination, of any	
Self attested Photocopy of mark sheet of Post- Graduate examination, if any	
Self attested Photocopy of certificate of Post-Graduate examination, if any	
Recent Admission receipt (current semester /year)	
Any other certificate relevant to educational qualification, if any	
Self attested Photocopy of a Photo Identity Card (Voter ID /Passport / Driving License / Adhar Card)	
Self attested Photocopy of Disability Certificate	
Self attested Photocopy of BPL Card, if any	
Self attested photocopies Income Certificate (s) of parents	
4 Coloured Passport Size Photograph of the candidate	

Application with all testimonials / documents is to be submitted / sent to:

To,
The Executive Director
 Shishu Sarothi
 Centre for Rehabilitation & Training for Multiple Disability
 Off Ramkrishna Mission Road, Birubari
 Guwahati - 7810 16, Assam
 Tel: 0361 2470990 / 2478912 / 9207049810

PART-II

(To be filled up by the Institute where the applicant is pursuing his / her education. Candidates opting for new admission need not submit this Part-II)

1	Name of the Institute		
2	Address of the Institute		
3	Name of the affiliated University		
4	Name of the Candidate on record		
5	Date of Birth on record		
6	Date of enrollment		
7	Course studying in		
	Course Name		
	Whether UG Degree / Diploma / PG Degree		
	Type of Course (Full Time / Part Time / Correspondence)		
	Class / Year in which studying		
	Roll No.		
	Registration No. of University, if any		
	Day Scholar (Yes/No)		
	Availing Hostel Facility (Yes/No)		
	Name of the Hostel, if availing Hostel Facility		
	Fee Details per annum	Tuition Fee	
		Admission Fee	
		Registration Fee	
		Examination Fee	
Library Fee			
Computer/Internet Fee			
Students' Activity Fee			
Any other Fee (Please specify)			
Total Institute Fee			
Hostel Fee, excluding food charges			
Hostel fee, including food charges			

8	Is he/she availing any kind of scholarship / financial support / Aid? If Yes, provide following details.	
	Name of the Scholarship / Financial Aid Scheme	
	Period since when and till when the scholarship / aid is sanctioned	
	Amount of Scholarship / Financial Support per month / year	

9	Is the student using any kind of assistive device? (e.g., wheel chair, scooter, canes, crutches, prosthetic devices, orthotic devices, any other). If yes please specify.	
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10	Contact Person of the Institute	
	Name	
	Designation	
	Department	
	Address for Correspondence	
	Contact No.	
	Email Id	

11	Bank details of the Institution where the student's scholarship amount will be transferred if selected under Bharti Infratel Scholarship Program	
	Account Number	
	Name of Account	
	Name of Bank	
	Name & Address of Branch	
	IFSC Code	
	Account type	

DECLARATION

I, (concerned official) hereby declare that the entries made in the Part-II of this application are complete and true to the best of my knowledge and based on records and this Institute possesses all the supported documents and evidence for the input in this Part-II of the application.

Date

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(Signature & Designation of the authorized Institute official)

Office Seal