

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																				
Assembly Constituency																				
State	G	O	A																	
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
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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. :-

