

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

**Application for the Gagan Bharari Shiksha Yojana /Merit Base Scholarship Scheme for Scheduled Tribes Students for the Academic Year\_\_\_\_\_**

**FOR OFFICIAL USE OF TRIBAL WELFARE DEPARTMENT**

<b>Income Rs.</b>	:		<b>Std/Class</b>	:	
<b>S.T. Community</b>	:		<b>Percentage</b>	:	
			<b>Merit Base Award</b>	:	
<b>Group</b>	:		<b>Gagan Bharari amount</b>	:	
<b>Day Scholar/Hosteller</b>	:		<b>Verifying Official</b>	:	

**Verifying Official:**\_\_\_\_\_

**FRESH:** \_\_\_\_\_

**RENEWAL:**\_\_\_\_\_

**Part –A [To be filled up by Applicant]**

**1. Full Name: (in block Letter)**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth (dd/mm/yyyy)\_\_\_\_\_ Gender:\_\_\_\_\_

Affix a self-  
attested  
Passport size  
Photograph

**2. Address for Correspondence:**

House No.:\_\_\_\_\_

Waddo/Street: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

Name of Village Panchayat/Municipality:\_\_\_\_\_

Taluka \_\_\_\_\_ District:\_\_\_\_\_ District Code:\_\_\_\_\_

Assembly Constituency \_\_\_\_\_

State : GOA      State code: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail \_\_\_\_\_

**3. Religion:** Hindu/ Christian

**4. Scheduled Tribe Community:** Gawda/ Kunbi/ Velip

**5. ST Certificate No:** \_\_\_\_\_ Date \_\_\_\_\_

**6. Aadhar No:** \_\_\_\_\_ **Aadhar seeded (Y/N)** \_\_\_\_\_

### Consent Form

I \_\_\_\_\_

Holder of Aadhar No. \_\_\_\_\_ hereby give my consent to Directorate of Tribal Welfare, Panaji, Government of Goa, for using my Aadhar number to establish and authenticate my identity under \_\_\_\_\_ Scheme.

(Signature of Student)

Name:

Date:

Identified by:

(Signature)

Name:

Designation/Address:

(To be identified by the Head of the Institution)

### 7. 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.

**8. 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: \_\_\_\_\_

(vi) Last Passing % \_\_\_\_\_

**9. Details of School/College/institute, including residential ones:**

(i) Name of School/ College /Institute where Admitted: \_\_\_\_\_

\_\_\_\_\_

(ii) Address of School/ College /Institute: \_\_\_\_\_

\_\_\_\_\_

**10. Total Annual Course fees: Rs.** \_\_\_\_\_

**11. Day Scholar /Hosteller/Distance Education:** \_\_\_\_\_ If Hosteller then please specify

(i) Whether staying in the hostel run by the school/collage/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 \_\_\_\_\_

**12. Annual Income of Parents/Guardian of the Student: Rs.** \_\_\_\_\_

**13. 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) Bank Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (15 digit A/C number)

(In Words) \_\_\_\_\_

(v) MICR Code of the Bank: \_\_\_\_\_

(VI) IFSC Code: \_\_\_\_\_

**14. 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 recived YES/NO

**15. Document enclosed with the Application:**

- I. Passport Size Photograph.
- II. Self attested copies of passing Mark sheet.
- III. Self attested copy of Income Certificate issued by competent authority.
- IV. Self attested copy of Scheduled Tribe Certificate issued by competent authority.
- V. Self attested copy of Bank Pass Book.
- VI. Self attested copy of Aadhar Card.

**16. 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 Gagan Bharari Shiksha Yojana.
- (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 such penal action as warranted by law.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the student

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

\_\_\_\_\_  
Signature of the Parent/ Guardian

**Part –B [To be filled up by the Head of the School/ College /Institute]**

**17. 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: \_\_\_\_\_

Pin Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax : \_\_\_\_\_

DISE/AISHE code of the Institute \_\_\_\_\_

E-mail : \_\_\_\_\_

Website : \_\_\_\_\_

**18. Verification / Information/strictly to be furnished only by the Head of School /College/ Institute compulsorily:**

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 / Distance Education of the School/ College/ Institute.

or

He/ she is staying as paying guest /in a rented accommodation at the address given at para 11 as per  
office records.

3. He /she is a fresher admitted in the school for academic year \_\_\_\_\_.

or

He/ she has been promoted from class \_\_\_\_\_ to \_\_\_\_\_ in the academic year \_\_\_\_\_

4. Name of the course in which the applicant is studying in this institution.

5. This institution is affiliated to \_\_\_\_\_ University / Board and is recognized by the  
Government of India / Goa.

6. If the applicant is residing in Hostel, indicate if He/She is entitled for free boarding and lodging:

\_\_\_\_\_

7. 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**

**Part –C**

**“Gagan Bharari Shiksha Yojana “/“Merit Base Award”**

[To be filled up by applicant / Student]

19. I am studying my post- Matric education and I am eligible & applied for the Gagan Bharari Schikshay Yojana Schem e for Tribal Student for the year \_\_\_\_\_. I am therefore eligible for the Merit Base Scholarship of the Tribal Welfare Department of Government of Goa.

1	Name of the Qulifying exam passed with Board/University, Month and Year of passing exam (Previous Acadimic Year)	
2	Percentage of marks obtained	
3	Name of the Course / Standard	
4	Course Duration	
5	Government aided Course/ Self- Financed Course.	
6	Course affiliated to Board/ University	
7	Non – Refundable Course fee for the entire year	

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the student

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

\_\_\_\_\_  
Signature of the Parent/ Guardian

**DECLARATION OF THE HEAD OF THE INSTITUTION**

I, Shri/Smt. \_\_\_\_\_ Principal/ Head of the institution

\_\_\_\_\_  
(name & address of institution)do hereby confirm and certify that the above details given by the student is correct in all respect as per the record maintained by the institution and as such above named is eligible for the Gagan Bharari Shiksha Yojana of the Tribal Welfare Department.

Place :

Seal of the Institution

Date:

\_\_\_\_\_  
Signature of the Head of the School /  
College/ Institute With Office Seal

