

Government of Goa
DIRECTORATE OF TRIBAL WELFARE
Panaji-Goa

Application for the Gagan Bharari Shiksha Yojana Scheme/Merit Base Award Scholarship Scheme for Scheduled Tribes Students for the Academic Year_____

FOR OFFICIAL USE OF TRIBAL WELFARE DEPARTMENT

Income Rs.	:		Std/Class	:	
S.T. Community	:		Percentage	:	
Group	:		Merit Based Award	:	
Day Scholar/Hosteller	:		Gagan Bharari	:	
			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: _____

Telephone /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. 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 _____

11. Annual Income of Parents/Guardian of the Student: Rs. _____

12. 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:

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 (15 digit A/C number)

(In Words) _____

(v) MICR Code of the Bank: _____

(VI) IFSC Code: _____

13. 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

14. 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 Hostel payment receipts.
- VI. Self attested copy of Bank Pass Book.
- VII. Self attested copy of Aadhar Card.

15. 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 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]

16. 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 : _____

17. 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 SCHEME/ MERIT BASE SCHLORSHIP

[To be filled up by applicant / Student]

18. I am studying my post- Matric education and I am eligible & applied for the Gagan Bharari Shiksha Yojana for Tribal Student for the year _____. I am therefore eligible for the Gagan Bharari Shiksha Yojana Scheme and Merit Base Award 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/ Merit Base Award Scholarship of the Tribal Welfare Department.

Place :

Seal of the Institution

Date:

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

