

GOVT. OF ASSAM

OFFICE OF THE DISTRICT SOCIAL WELFARE OFFICER

House No. 3/B/149A, Ground Floor, Jogendra Lane, Ward No.- III, Hailakandi Town, Assam-788151
E-mail ID:- dswohai2017@gmail.com

No. DSWO/HKD/10/Disability/Scholarship/2022/792

Dated Hailakandi the 5th October'2024

NOTICE

In pursuance of the Direction of the Director, Social Justice & Empowerment, Assam vide No. 553292/5 Dated-13/09/2024, the differently abled students pursuing Medical & Technical Education are hereby requested to submit the application for availing the “Scholarship to differently abled students pursuing Medical & Technical Education -2024-2025” as per prescribed format available in the District Administration, Hailakandi website i.e. www.hailakandi.assam.gov.in. The following documents are required to submit along with the application form by the applicant: -

1. Permanent Resident Certificate or equivalent proof of resident of Assam like Aadhar Card / Ration Card etc.
2. UDID Certificate & Card (above 40%)
3. Certificate from the Head of Educational Institution where the applicant is presently pursuing mentioning the Roll No., Class etc. (pursuing Medical & Technical Education)
4. Birth Certificate of the applicant.
5. Front Page of Bank Passbook copy of the applicant.
6. Passport size Photographs (01 copy)
7. Certification of the Head of the Institutions in the prescribed portion of the Application Form.

All the documents will be attested by the Gazetted Officer and **last date of submission of the application is 16th October'2024 (during office hours)**. The application shall be submitted to the O/O District Social Welfare Office, House No. 3/B/149A, Ground Floor, Jogendra Lane, Ward No.- 3, Hailakandi Town (near Aroti Hospital & Diagnostics).


-Kobendra Warisa
District Social Welfare Officer,
Hailakandi, Assam

Memo No. DSWO/HKD/10/Disability/Scholarship/2022/792-A Dated Hailakandi the 5th October'2024

Copy to:-

1. The Director, Social Justice & Empowerment, Assam for favour of kind information.
2. The District Information & Public Relation Officer (DIPRO), Hailakandi for favour of information & with a request to make wide publicity through daily local newspaper, audio-visual media, social media etc.
3. The DIO, NIC, Hailakandi for favour of kind information & with a request to upload the Format in the District Administration website along with the Notice.
4. The Inspector of Schools, Hailakandi for favour of kind information & with a request to circulate the above information among all the Educational Institutions under your jurisdiction. The Application format is enclosed herewith for favour of ready reference.
5. The District Elementary Education Officer, Hailakandi for favour of kind information & with a request to circulate the above information among all the Educational Institutions under your jurisdiction. The Application format is enclosed herewith for favour of ready reference.
6. All Child Development Project Officer, Hailakandi district for information & with a request to hang this Notice along with Application Format in the respective Office Notice Board for wide publicity.
7. C.A. to the District Commissioner, Hailakandi for favour of kind appraisal of the District Commissioner.
8. The President / Secretary, Saksham NGO, Hailakandi Unit for information & with a request to make wide publicity.
9. Office Notice Board of O/O DSWO, Hailakandi.


District Social Welfare Officer,
Hailakandi, Assam

APPLICATION FORM

(scholarship scheme for Differently Abled Students pursuing Medical & Technical education)

- 1. Applicant's name :
- 2. Father's name :
- 3. Mother's name :
- 4. Guardian's name :
(If parents are not alive)
- 5. Date of Birth :
- 6. Address : Village -
Road -
P.O..... P.S.
G.P./Town Committee -
Block -
Assembly Constituency-.....
District -



- 7. Annual income of Parents/Guardian :
- 8. Caste (tick in appropriate box) : Gen ST SC OBC
Ex-Tea Garden Others
- 9. Type of disability :
- 10. Disability Certificate No./Date :
- 11. Percentage(%) of disability :
- 12. Course and name of the institution/school/colleges.....
- 13. Applicant's A/C No. :
- IFSC Code - :
- A/C Holder's Name (as In Bank A/C) :
- Name of the Bank/Branch - :

- 14. In case applicant is a minor:
 - a) Name of Applicant.....
 - b) Name of the legal guardian who operates the A/C No.
 - c) A/C No.....
 - d) IFSC Code
 - e) Name of the Bank -
 - f) Branch -

I do hereby declare that the particulars furnished above are true to the best of my knowledge and belief and I shall be liable for punishment under law if these are found to be false.

Documents to be enclosed :

- 1. One self passport size photograph.
- 2. Certificate of proof of address/residence,
- 3. Disability Certificate issued by competent Govt. Authority.
- 4. Photo Copy of the front page of the Bank Pass Book.

(Full signature of the Applicant)

Contact No.....

Email ID :.....

Certificate from Head of the School/Institution
(to be filled up by the Head of the School/Institution)

Certified that Sri/Smti.....son/daughter of
Sri/Smti./Late , a bonafide student of my
School/Institution (name, address) :
..... He/She has been now reading in Class.....
.....(details should be indicated)

Signature
Head of the School/Institution
(Seal)