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Application No :	
(For Office use)	

Government of Kerala Backward Classes Development Department

Application for OBC Postmatric Scholarship 2019-20

							Affix a recent
1.	Name of t	the candidate :					stamp size photograph
2.	Name of I	Father/Mother/Guardian	:				here duly signed
3.	<u>Address</u>						
	Permar	ent Address (With Dist	rict & Pincode)	Address for C	ommunicatio	n (With Distr	ict & Pincode)
	Phone No	o with STD code :		Mobile No :			
	Email (if				7 -		
4.	Date of B	irth	5. Religion		6.caste		
	Gender		8. Annual Income:		9.Adhar No.		
10.	<u>Details of</u>	Present Institution and	<u>Course</u>				
	Name & full postal address of Institution with pin code						
	State :						
	Type of Ir	nstitution : Govt/Aided/Se	elf Financing				
	Email :						
11	Website (if any) : bying any other scholarshi	in from any agency	7			
		ify the details)	ip iroin any agency				
		ether Day Scholar or Host					
		cholar, mention the distar			i (in kms)		
1	b) If hosteller, mention the monthly hostel fee & other expenses (in rupees) ₹						
13.	Bank Accou	int Details of the Applica	ant				
	1)	Name of the account h	older	:			
	2)	Account Number		:			
	3)	Name of Bank		:			
	4)	Branch		:			
	5)	IFS code		:			

Declaration of the Applicant

I ,	(Name & address) hereby
declare that I am studying in	(Name of
institution) which is situated outside Kerala; and the details	filled in this application are true to the best of my knowledge and
belief. If any state, it is found that the information given by	me is false, the scholarship granted to me could be withdrawn and
legal action as deemed fit, may be taken against me.	
, ,	
Place :	Signature of the student
Date :	<i>g</i>
But .	
Enclosures	should be attached
❖ Income Certificate	❖ Detailed Fee Structure (Attested by the Institution Head)
 Caste Certificate 	❖ Bonafide Certificate
 Copy of Identity Card from the institution 	❖ Copy of Allotment Memo
 Copy of Aadhar 	* Hostel Inmate Certificate from competent authority (in
 Original Fee receipt 	the case of hostellers)

For Office Use

OBC Postmatric Scholarship

Government of Kerala

Personal Details of the applicant		
Name of applicant		
Name of parent		
Date of birth		
Permanent address		
Religion & Caste		
Course Details		
Name of Course		
Date of admission	Admn. No:	
Duration in years		
Current year/Semester		
Type of Admission	Merit/Reservation/Management/Sports	
Type of course	Full time/Part time	
Fee remitted	Rs.	

	Name & signature of the applicant
 Bonafide Certificate	

- 1. Certified that the above furnished details are found true with reference to the certificates and records kept in this institute.
- 2. Certified that the student is not in receipt of scholarship from any other agencies.
- 3. Certified that the attested copy of the fee structure (specify refundable & non-refundable fee) approved by state/central government is attached.
- 4. Certified that the student has got admission on merit/reservation; (Not in management quota).
- 5. Certified that the student attends classes regularly and his/her average monthly attendance is more than 80%.
- 6. Certified that the character & conduct of the student is satisfactory/good.

		Name & Signature of the Head of Institution
Place:	Office seal	(Designation Seal)
Date:		