

Application No : (For Office use)

Government of Kerala Backward Classes Development Department

Application for OBC Postmatric Scholarship 2018-19

1.	Name of t	the candidate :					ix a recent amp size		
2.		Father/Mother/Guardian	L				ograph here uly signed		
3.	Address Permanent Address (With District & Pincode) Address for Communication (With District & Pincode)						Dimanda		
	rennament Address (with District & Fincode)			Address for G	ommunicatio		2 Pincodej		
	Phone N	o with STD code :		Mobile No :					
	Email (if								
4.	Date of B	irth	5. Religion		6. Caste				
	Gender		8. Annual Income		9. Adhar No				
10.	Details of	Present Institution and	course						
	Name & full postal address of Institution with pin code								
	State :								
	Type of Institution : Govt/Aided/Self Financing								
	Email : Website (if any) :								
	re you enjo	ying any other scholarsh	ip from any agency	?					
-	(If yes, Specify the details)								
	 Mention whether Day Scholar or Hosteller a) If day scholar, mention the distance between residence and the institution (in kms) 								
b	b) If hosteller, mention the monthly hostel fee & other expenses (in rupees) ₹								
13. E	13. Bank Account Details of the Applicant								
	1)	Name of the account h		:					
	2)	Account Number		:					
	3)	Name of Bank		:					
	4)	Branch		:					
	5)	IFS code		:					

Declaration of the Applicant

Ι,	(Name & address)	hereby
declare that I am study	ing in	ame of
institution) which is situ	ted outside Kerala; and the details filled in this application are true to the best of my knowled	ige and
belief. If any state, it is	ound that the information given by me is false, the scholarship granted to me could be withdraw	wn and
legal action as deemed f	, may be taken against me.	

Place :

Date :

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Income Certificate

Copy of Identity Card from the institution

Caste Certificate

Copy of Aadhar

Original Fee receipt

Signature of the student

Enclosures should be attached

- Detailed Fee Structure (Attested by the Institution Head)
- Bonafide Certificate
- Copy of Allotment Memo
- Hostel Inmate Certificate from competent authority (in 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 (Designation Seal)

Place : Date : Office seal