



(For Office use)
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# Government of Kerala Backward Classes Development Department

## **Application for OBC Postmatric Scholarship 2020-21**

1.	Name of t	the candidate :						Affix a recent stamp size	
2.							_ _	photograph here duly signed	
	Name of Father/Mother/Guardian								
3.	Address	nent Address (With Distr	rict & Din codo)	Λ	ddross for C	ommunic	ation (With Dist	rict & Din cod	റ
	Ferman	lent Address (With Disti	rict & Fin code)	А	duress for C	ommunic	ation (with Disti	ict & Fili Cou	ej
		o with STD code :		Mobile	No:				
4	Email (if a		l E Boligion			] 6 Coato			
4.		irui	5. Religion			6. Caste			
7. <b>10</b> .	Gender  Details of	Present Institution	8. Annual Income	:		9. Adhar	· NO		
20.					Compl	tion od Au	u avvut dataila iu l	Dward ava vaar	
	Name & full postal address of Institution with pin code  Sanctioned Amount details in Previous 2016, 2017, 2018, 2019					·S			
					Amount		Year/Semester	Credit Date	е
					Rs.				
					Rs.				
	State :				Rs.				
	Type of Institution : Govt/Aided/Self Financing								
	Email	:							
11. A	Website (if any):  11. Are you enjoying any other scholarship 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) If hosteller, mention the monthly hostel fee & other expenses (in rupees)								
	-	•		· ·	( 1,111)		`		
13. <b>E</b>	Bank Accou	int Details of the Applica	ant						
	1)	Name of the account he	older		:				
	2)	Account Number			:				
	3)	Name of Bank			:				
	4)	Branch			:				
	5)	IFS code			:				
	6)	Phone No. of the bank			:				

#### **Declaration of the Applicant**

Ι,						
	(Name of institution) which is					
situated outside Kerala; and the details filled in this a	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any state, it is found that the information given by me is false, the scholarship granted to me could be withdrawn and						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.	, 10					
regar detroit as decined in, may be taken against me.						
Place :	Signature of the student					
Date :	Signature of the student					
Date .						
Enclosures	should be attached					
* Copy of Identity Card from the institution	<b>❖</b> Detailed Fee Structure (Attested by the					
<ul> <li>Copy of Identity Card from the institution</li> <li>Bonafide Certificate</li> </ul>	❖ Detailed Fee Structure (Attested by the Institution Head)					
	<ul> <li>Hostel Inmate Certificate from competent authority</li> </ul>					
	(in the case of hostellers)					

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#### **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.			

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<u>Bonafide Certificate</u>

- 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:

## **DETAILED FEE STRUCTURE**

Name of Student	:
Course	:

Year/Semester :

Fee Type	Refundable/Non Refundable	Amount (in Rupeees)	Remarks if any
		•	

		Name & Signature of the Head of Institution
Place:	Office seal	(Designation Seal)
D 4		

Date: