

**GOVERNMENT OF ASSAM**  
**DIRECTORATE OF WELFARE OF PLAIN TRIBES AND BACKWARD CLASSES, ASSAM**  
**RUKMININAGAR:::GUWAHATI-6**  
**APPLICATION FORM FOR POST MATRIC SCHOLARSHIP FOR OBC/MOBC**  
**(for those student who are studying outside the state of Assam)**  
**(RENEWAL FOR THE YEAR .....**)

*Applicant must affix a pass port size photograph with his/her signature thereon*

1. Name of Applicant (Full Name in English) :
  2. Gender : Male / Female
  3. Caste :  
(furnish Caste Certificate)
  4. Permanent Address :  
with PIN Code
  5. Present Address :  
with PIN Code
  6. Bank Name :  
i) Account No. .... ii) IFS Code : .....
  7. Contact No. of the Student/ Guardian:
  8. Aadhaar Number :
  9. Name of Institution :  
with full address
  10. Name of Course :
  11. Academic Year :
  12. Scholarship received : i) Amount: (Enclose Photo Copy of the Last Scholarship received Bank Statement)  
during previous Year/Sem : ii) 1<sup>st</sup> yr/2<sup>nd</sup> yr/1<sup>st</sup> sem/3<sup>rd</sup> sem/5<sup>th</sup> sem (tick which is applicable)
  13. Scholarship applied for : 2<sup>nd</sup> Yr /3<sup>rd</sup> Yr /3<sup>rd</sup> Sem /5<sup>th</sup> Sem/7<sup>th</sup> Sem (tick which is applicable)  
the current Year / Sem
  14. Whether promoted to next :  
higher class or detained in the  
same class in previous year.  
(furnish Marksheet of last Exam)
  15. Whether Day Scholar or Hosteller :  
(If Hosteller furnish certificate)
- Signature of the applicant
16. Whether recommended for scholarship .....

Signature of Head of the Institution  
(Seal)

**FOR OFFICE ONLY**

Group	Maintenances		Period From: To :	Total amount	Tuition fees	Exam fees	Other fees (Non refundable)	Grand Total	Remarks	
	A	B								C

Check by

Countersigned