

GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

Social Welfare Department – Sanction of Scholarships to Scheduled Castes, Scheduled Tribes and Backward Classes Students – Revised Application Form for sanction of Scholarships to SC/ST/BC Students - Orders – Issued.

SOCIAL WELFARE (EDN.2) DEPARTMENT

G.O.Ms.No.55

Dated: 5-7-2004

Read the following:

- 1.G.O.Ms.No.90, SW (Edn.2) Deptt., dt. 30-7-2002.
- 2.From CSW Lr.Rc.No.D3/16703/2003, dated 5-6-2004.

O R D E R:

In the G.O.Ist read above, Govt. have issued orders prescribing comprehensive procedure for sanction of Scholarships to the reserved category students, viz Scheduled Castes, Scheduled Tribes and Backward Classes students.

2. Under Rule 7 (a) of the G.O. Ist read above, Application Form for claiming scholarships is also prescribed in the Annexure enclosed to that G.O.

3. In order to curb various irregularities being committed in the sanction of scholarship to the reserved category of students i.e. SC, ST and BC Students, Govt. have decided to prescribe a more full-proof Application Form replacing the existing application form. Accordingly in the reference 2nd read above, the Commissioner of Social Welfare in consultation with the Director of Tribal Welfare and the Director of Backward Classes Welfare has prepared and communicated a revised draft Application Form for sanction of Scholarship to the reserved category of students for approval by Government.

Govt. after careful examination hereby approve the draft Application Form for sanction of Scholarship to the reserved category of students i.e. Scheduled Castes, Scheduled Tribes and Backward Classes students submitted by the Commissioner of Social Welfare in the reference 2nd read above. Accordingly, the Application Form prescribed in the Annexure-I to the G.O. Ist read above shall stand substituted with immediate effect from the academic year 2004-2005.

5. The Application Forms for various reserved categories of students shall be got printed in the following colour pattern:

- | | | |
|--|-------|--------------------|
| a) Application for Scheduled Castes Students | ----- | White Colour |
| b) Application for Scheduled Tribes Students | ----- | Light Green Colour |
| c) Application for Backward Classes Students | ----- | Pink Colour |

1. All the Heads of Departments concerned are requested to take necessary follow up action in the matter accordingly.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

AJOYENDRA PYAL,
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Commissioner of Social Welfare Department, A.P., Hyderabad.

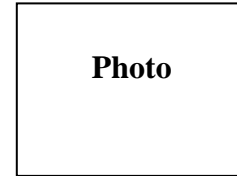
The Director of Tribal Welfare, Andhra Pradesh, Hyderabad.
The Commissioner of Backward Classes Welfare, A.P., Hyderabad.
The Director of Treasuries and Accounts, Andhra Pradesh, Hyderabad.
The Pay and Accounts Officer, Andhra Pradesh, Hyderabad.
The P.S. to Principal Secretary, Social Welfare Department.
The P.S. to Principal Secretary, Backward Classes Welfare Department.
The P.S. to Principal Secretary, Tribal Welfare Department.
SC/SF.

// Forwarded // By // Order //

SECTION OFFICER.

ANNEXURE TO G.O.MS.NO.55 SOCIAL WELFARE (EDN.2) DEPARTMENT. DATED 5-7-2004

**Government of Andhra Pradesh
Department of Social Welfare/Tribal Welfare/B.C.Welfare**



**APPLICATION FOR POSTMATIC SCHOLARSHIP FOR SCHEDULED CASTES / SCHEDULED TRIBES /
BACKWARD CLASSES STUDENTS**

(Filled in application form should reach the ATWO /ASWO / ABCWO through the concerned Principal on or before 31st Aug in case of Intermediate Course, 30th September for all other Courses .)

College Name & Place _____ Govt. / Aided/ Pvt.

Mandal : _____ District: _____

College Admission Number _____ Date of admission _____ Course _____ Academic

Year _____ Duration of the Course _____ Year (1st/2nd/3rd/4th/5th _____

1. Full Name (in Block Letters) : _____
(Name should be written as (Surname) (Name)
Per SSC Memo / or equivalent Exam.)

2. Father's/ Mother's/Spouse Name : _____

a) Guardian's Name : _____
(if both father & mother
are not alive)

3. Permanent Postal Address : _____

b) Present Residential Address : _____

c) Distance from the college to the place of Residence: _____

1. a) whether passed SSC/CBSE/ICSE/MATRIC/Other State Board _____

b) Reg.No./ Hall Ticket No of SSC or Equivalent Exam: _____

C) Month and year of passing : _____

5. Date of Birth (as shown in X Class Memo) : _____

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6. Sex : Male/ Female

7. a) Community / Caste (SC/ST/BC) : SC / ST / BC

b) Sub Caste (with group) : _____

C) Whether Disabled : Yes / No

8. Annual Income of Family : _____

(Family income includes the income of father, mother, spouse as the case may be)

9. Family Ration Card No Or Electoral roll number of parent.....

10. SSID Card No : _____

11. Date of Admission in College Attached Hostel : _____

12. Details of Bank Account

a) Student's Bank A/c No. : _____

b) Name of the Bank & Branch : _____

13. Year-wise study particulars SSC onwards

Sl.No.	Course of study	Year of study	Year of Passing	MaximumMarks	Marks secured	Name and Place of Institute
1						
2						
3						
4						
5						

We declare that the above information is true and correct.

Signature of the
Parent / Spouse / Guardian

Signature of the student

Certificates to be enclosed: (Attested by a Gazetted Officer)

1. Caste certificate.
2. Income Certificate from the Competent Authority.
3. SSC Marks Memo.
4. Pass certificate & Marks Memo of the course last studied.
5. Transfer Certificate of the course last studied.
6. Three pass port size photos.
7. Inland letter with parents address.

Note:-In case of BC students merit cum means criteria will be followed for sanction of scholarships.

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(To be filled by the Educational Institution)

The contents of the application have been verified with reference to the College admission register and original certificates submitted by the student to the institution and found to be correct. The copies of the following certificates are enclosed.

- Encl: 1. Caste certificate.
2. Income Certificate from the competent authority.
3. SSC marks memo.
4. Pass certificate & marks memo of the course last studied.
5. Transfer certificate of the previous course last studied.

Signature &
Name of the Dy.Warden
Seal:
Institution
(if it is College Attached Hostel)
Tel. No.
Place:
Date:

Signature
Name of the Principal of
Educational

Office seal:

VERIFICATION REPORT OF ATWO / ASWO / ABCWO

I have verified the contents of the application with reference to college records and original certificates, physically identified the student and certify the following as:

- | | | |
|---|---|--------------------|
| 1. SSC/Other equivalent exams. Registration No. | : | Correct/Incorrect |
| 2. Caste /Sub caste (Group) | : | Correct/Incorrect |
| 3. Present course of study & Year | : | Correct/Incorrect |
| 4. Total family income from all sources | : | Correct/Incorrect. |
| 5. Distance between the residence and Institution | : | Correct/Incorrect |

6. The College Admission No. _____ : Correct/Incorrect

DS	SMH	CAH
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I recommend for sanction of Post-matric Scholarship under

I do not recommend the sanction of scholarship for the following reasons

- 1.
 - 2.
 - 3.
-
-

Signature
(ATWO/ASWO/ABCWO)

Place :

Seal :

Date :

Note: ATWO/ASWO/ABCWO has to endorse on the reverse of the original SSC certificate of the candidate as to the date of verification, Course of study, Year and College name.

P.T.O

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(To be filled by the Office of the DTWO/ DD (SW) / DBCWO)

Scholarship sanctioned for the period from _____ to _____ under the category of DS/ SMH / CAH.

a) Maintenance Charges @ Rs. _____ PM _____ Months =	Rs. _____
b) Tuition Fee	Rs. _____
c) Special Fee	Rs. _____
d) Exam Fee	Rs. _____
e) Other Fee (Specify)	Rs. _____
f) Total Fee (b to e)	Rs. _____
g) Total Amount Sanctioned (a+f)	Rs. _____

Section Asst. Suptd.

Deputy Director (SW)/DTWO/DBCWO

**FEE DETAILS AS COLLECTED BY THE INSTITUTION
(TO BE FURNISHED ALONG WITH PROPOSAL FOR SANCTION OF SCHOLARSHIP)**

Name of the Institute-----

University affiliated to-----

Sl.No.	Name of the course	Year of study	Whether Self Finance or Regular Course	Fee structure claimed				
				Tuition fee	Special fee	Other fees (Please specify)	Examination fee	Total fee

**SIGNATURE OF THE PRINCIPAL/
HEAD OF THE INSTITUTE WITH SEAL**

Note:- Please enclose the orders of the competent authority fixing the above fee structure.