Instructions to Candidates

1. Candidate should consult the rules regulating the award of scholarship to the physically handicapped carefully to see it they are eligible before in the application form. A Copy of the rules if available with the State Department Social Welfare/Education or Voluntary Organisation of All India character.

2. The application form must be filed in accurately and legible and answers should be given in words and not by dashes or dots. It should be submitted through the head of institution/establishment to the State Social Welfare/Education Department in case of in plant training a trainee may submit the application to the State Social Welfare/Education Department or Voluntary Organisation.

3. A candidate must send the following document with the application.
   (i) Medical Certificate
   (ii) Income Certificate
   (iii) Certificate of age
   (iv) Statement of Marks of the Previous annual examination
   (v) Recent photograph in the case of orthopaedically handicapped showing the deformity
   (vi) Audiogram in the case of deaf candidates only.

4. Candidate are warned that if an application is incompletely or wrongly filled in and is no accompanied by any of the document mentioned above without a reasonable explanation having/being given for its absence the application is liable to be rejected and no appeal against its rejection shall be entertained.

5. The candidates who were in receipt to this Department Scholarship should invariably mention this Department reference number.

6. Candidates who are not selected will not be informed individually and no communications in regard to the acceptance or otherwise of the application will be entertained.

______________________________________
DEPARTMENT OF SOCIAL WELFARE  
Govt. of Delhi

No………..

Issued an application form in favour of Shri/Km……………………………………………………………………………………...

C/o D/o……………………………R/o……………………………………………………………………………………………………

for the Scholarship for the Physically Handicapped Students.

Date of issue  Signature of the Issuing Officer

Signature of Recipient
GOVERNMENT OF INDIA
Department of Social Welfare

Scholarship for Physically Handicapped

No…………

Application Form for Fresh Scholarship

Application must reach the State Social Welfare/Education Department not later than……………….

PART-1
(To be filled in by the Candidate)

1. Nature of Physically handicap  Blind / Deaf / Orthopaedically Handicapped

2. Name in full (In block letters)

3. Postal address to which communication should be sent

4. (a) Are you a citizen of India?
   (b) District and State to which you belong?
   (c) Whether Schedule Caste / Schedule Tribe?

5. Date of Birth (in christen era):

6. Name and address of the Parents / guardian and relationship,
   Name of the Parents / Guardian of the applicant,
   Profession……………………
   Address
   Relationship of Guardian

7. Total monthly Income of both the Parents / guardian,

8. Please state you are earning an income:
   (i) if yes. Please indicate Yes/No
   (ii) The monthly amount:
9. (a) Particulars of all examination Passed (commencing with middle or equivalent examination)

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<tr>
<th>Name of Examination</th>
<th>Year</th>
<th>Subject Taken</th>
<th>Name of Institution</th>
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(b) Percentage of marks obtained in the last examination passed (in the case of examination in music indicate division obtained)

10. Have you ever received scholarship under the scheme? Yes/No
    If yes, indicate
    (i) The course stage of study
    (ii) Period for which scholarship was paid after class XII
    (iii) Sanction & Reference No.

11. Please state whether you have undergone any training course at any training Centre for adult blind approved by the Central / State Government.

12. (i) Course of study for which scholarship is now desired.
    (ii) Date of commencement of the course.
    (iii) Approximate date of termination of course
    (iv) Date joining the present standard in the course during the current academic year

13. FOR BLIND
    Have you engaged a reader
    If yes, please Indicate
    (i) Amount paid per month.
    (ii) Date of engagement

14. Document attached
    (i) (ii) (iii)
    (iv) (v)
PART-II
(To be filled in by the Head of the institution)

1. a) Is the candidate enjoying free boarding/lodging facility or any other concession in kind?
   b) if so, indicate the monthly amount equivalent to the concession.

2. Is the candidate residing in a hostel attached to school/college/Establishment? If so date form which residing.

3. a) Details of the nearest branch of Reserve Bank of India or State Bank of India’ or a subsidiary Bank of India where Government business is transacted,
   b) The designation of an officer in whose favour Demand Draft may be submitted.

4. For Orthopaedically Handicapped
   i) (a) Is the candidate using and prosthetic appliance (s) and aid needed?
      (b) If so please indicate the nature of appliance (s) used.
   ii) (a) Is the candidates using special transport to and from institution.
       (b) If so please indicate clearly the mode of transport and the approximate distance traveled daily.

5. For Blind
   Has the candidate engaged a reader? If so, the monthly amount paid to him/her and the date from which engaged.

   Certified that.
   (i) The information given by the applicant in part-I has been checked and found correct.
   (ii) The institution is affiliated the University of ………………………………………
       and/or is recognized by the Government of………………………………………….
       and the course of study / training is recognized by the University / Government.

7. The applicant is paying tuition fee @ Rs.……………. p.m. or is exempted from tuition fees.

No. Signature of the Head of the Institution
Name
Place (in block letters)
Pin
Date Designation & Address
(Seal of the Head of the institution)
I hereby declare

i. That I shall not accept emoluments, scholarship, stipend or any other financial assistance or grant in other form whatsoever, except exemption from tuition fees from any other source during the tenure of the Government of India scholarship if awarded to me under the above scheme.

OR

That I am in receipt of assistance to the tune of Rs………………………………………………...
…………………………………………………………………………………………………………………………...and in the event of award of scholarship I undertake to refund it from the month the scholarship is payable to me the source from where I have received it and that during the tenure of scholarship, if awarded. I shall not receive any other financial assistance, emoluments, scholarship, stipend or any or form whatsoever, except the exemption from payment of fees.

2. That the statements made in the application are correct to the best of my knowledge and belief and that no material/information having a bearing on selection has been concealed or withheld.

Counter Signature of Gazetted Officer of Central State Govt./M.P./M.L.A.
Magistrate/Head of the Institution.

Signature of the Candidate

Place

Counter Signature of the guardian in case the candidate is minor

Date
GOVERNMENT OF INDIA
DEPARTMENT OF SOCIAL WELFARE

MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPEDICALLY HANDICAPPED

(For the purpose assistance the orthopaedically handicapped are those who have physical defect or deformity
which causes an Interference with the normal functioning of bones muscles and joint.)

Certified that Dr……………………………………………………………………………………………………………………
Registration No…………………………………………have this……………………………………………........
day of………………………..20………………...…......examined the applicant whose particulars are given
below and that he/she falls with in the above definition.

1. Name: (In Block Letters)
2. Identification:
3. Sex:
4. Father’s name:
5. Approximate age:
6. Nature disability:
   (Tick relevant from the following fist)
   a) Post Polio Paralysis, Hemopegia Quarapegia Malunated Fracture, Nerve Paralysis, Upper
      extremity, tower extremity. Limb Painful’ shortening deformity, Congenital, acquired above knee Hip
      Hemipelvectomy symes, Cheparts, wrist fingers below Shoulders-Fore quarter. Unilateral, Bilateral

b) Extent of Disability?
   Estimate In percentages (Mcs Bridge Scale)
   On an atomical Functional, (Patients Assessment Examiner’s Assessment)
   Economical basic mention as percentages (below 25,25-75 75-90; Total disability

   c) Use of appliances
      (Tick relevant from the following list)
      Calliper, Crutch; above Knee; below Knee, Prosthesi s Cane; Unilateral; Bilateral, Above Elbow; Below
      Elbow; Hemldelvelvectomy; Shoulder Dis Articulation.

Extent of disability:

d) Any operation done may be indicated

e) Photograph (attested)

To show if possible the nature of disability and any other appliance if used.

7. Any other particulars to clarify nature & extent of disability that the surgeon might like to point
   out……………………..

8. Brief description of the aid needed by the applicant with full cost (inclusive of taxes)

Signature of applicant      (Signature of Orthopaedic Surgeon)
Place         Designation
Date         Office Stamp
GOVT. OF INDIA
DEPARTMENT OF SOCIAL WELFARE
Medical Certificate for the Blind

Certificate that I, Dr…………………………………………………………………………………………………………………………
Registration No………………………………..have this……………………………………………………………………………………………..
day of…………………………………………examined the candidate whose particulars are
given below:

1. Name of Candidate:
2. Father’s Name
3. Sex
4. Approximate age:
5. Identification marks:
6. Extent of residual vision, if any
   R.E.
   L.E.
7. Onset of blindness (please state whether blindness is from birth or acquired. It has been caused after
   wards, the age and cause of blindness may be indicated)
   For the purpose of this scholarship the blind are those who suffer from either of the
   following.
   a) Total absence of sight
   b) Visual acuity not exceeding 6/60 of 20/200 (shaelen) in the better eye
      With correcting lenses*
   c) Limitation of the field of vision substanding and an angle of 20 degree or worse,
8. Please state clearly whether the candidate is blind for the purpose of scholarship.

Signature of applicant
Signature of Ophthalmologist

Place…………………..

Designation

Date…………………..

Office Stamp

Address
Medical Certificate for the Deaf

Certificate that I, Dr………………………………………………………………………………………………………………...
Registration No………………………………………………have this………………………………………………………………………
day of……………………………………………………examined the candidate whose particulars are
given below:

1. Name of Candidate:

2. Father’s Name

3. Sex

4. Approximate age:

5. Identification marks:

6. An estimate of the residual hearing if any, and the basis on which estimate has been arrived at
   
   (i) Right ear
   (ii) Left ear.

7. Onset of deafness [Please state whether deafness is from birth or acquired later, if it has been caused
   after wards, the age and cause of deafness may be indicated].

   [For the purpose of scholarship the deaf are those whose sense of hearing in non-Functional for
   the purposes of life. Generally loss of hearing at 70 decibels or above at 500,1000,2000,
   frequencies will make residual hearing non-functional].

8. Please state clearly whether the candidate is deaf for the purpose

9. Please enclose audiogram chart.

Signature of the applicant  
Signature of E.N.T. Specialist
Designation

Place…………………… Office Stamp

Date…………………… Address
HOSTEL CERTIFICATE

Certified that Sh. Smt./Km………………………………………………………………………………………………
S/oD/oW/o………………………………………………………...and a Student of Class…………………………
of………………………………………………………………………School/College/University is a bonafide resident of…………………………………………………………………………….hostel since
(name and address of hostel)

……………………….and is likely to continue till………………………………….He/She is being charged Rs…………………..p.m. towards boarding & lodging facilities or he/she is provided free boarding & lodging facilities. (Strick out which ever is not applicable)

Signature of Warden/Incharge of Hostel

Counter Signature of the Head of the Institution.

Signature………………………….
Seal

CERTIFICATE OF READERS’ ALLOWANCE FOR BLIND SCHOLARS
(This is to be signed by the Head of the Institute)

Certified that I have personally satisfied myself that Shri/Kumari……………………………………………………has continuously employed with
(Applicant Name)

Effect from………………….Shri/Kumari……………………………………..(Reader Name)
as reader at the rate of Rs………………………………………………………..per month.

It is further certified that allowance paid to the reader is not less than the allowance being paid to the scholar for this purpose. The address and qualification of the reader are as under:-

Name & Address of Reader

Signature of the Head of Institution

(Seal)
GOVERNMENT OF INDIA: DEPARTMENT OF SOCIAL WELFARE

SCHOLARSHIP FOR THE PHYSICALLY HANDICAPPED

INCOME CERTIFICATE

[vide rule 7 (b) iv]

I……………………………………………certify to the best of my knowledge and belief that total combined income from all sources of both the parents/guardian of Sh./Km/Smt…………………………………………………………………………………..

Name of candidate

Resident of…………………………………………………………………………………
is Rs…………………………………………………………………………………..

Signature of the candidate      Signature

Name in Block Letters

Date        Designation

Place        Office stamp

I father/guardian of Shri/Km/Smt…………………………………………………………………………………..

undertake to intimate to the Department of Social Welfare for any change in the above mentioned income that takes place at any time during the pendency of the Scholarship.

Signature

Date        Profession

Place        Postal Address

N.B.: It may be given by a Revenue Officer not below the rank Naib Tehsildar or any other Officer of equivalent status, an affidavit attested by a first class Magistrate or a certificate from a gazetted officer of the Central or State Government or Member of Parliament or State Legislature.
HOSTEL CERTIFICATE

Date:

Certificate that Sh. /Smt. /Km……………………………………………………………………
S/o D/o W/o……………………………………………. and a Student of class…………………………
of…………………………………………..School /College/University is a bonfire resident of
………………………………………………………. hostel since
(Name and address of hostel)
………………………………………………………………….and is likely to continue till……………………. He /She is
being charged Rs……………………………………………p.m. towards boarding & lodging facilities or he/she is
provided free boarding & lodging facilities.(Strike out which ever is not applicable)

Signature of Warden/ Incharge of Hostel
Seal

Counter Signature of the
Head of the Institution.

Signature…………..
Seal

CERTIFICATE OF READER ALLOWNACE FOR BLIND SCHOLARS
(This is to signed by the Head of the Institute)

Certificate that I have personally satisfied myself that Shri /Kumari……………………………………
((Applicant Name) has continuously employed with effect from…………. ..........................
Shri/Kumari……… ..........................(Reader Name) as reader at the rate of
Rs……………………………………………………………. per month.

It is further certified that allowance paid to the reader is not less than the allowance being paid to the
schlor for this purpose. The address and qualification of the reader are as under: -

Name & Address of Reader

Signature of the
Head of Institution
(Seal)
## GOVT. OF INDIA

### Department of Social Welfare

**Annual Progress Report of the Physically Handicapped scholar for the year ending**

*(To be submitted before October 31)*

1. Name of the Scholar
2. Nature of Handicap
3. Course of study/training pursued.
4. Date of joining the course in your institution.
5. Present standard of study.
6. Date of joining of Present standard.
7. Approximate date of conclusion of course in your institution.
8. (i) Date of commencement and termination
   Of examination. State whether the
   Examination was a public or other-wise
   (ii) Result of the examination and comments
9. (i) whether scholar has sought re-admission
   After annual public examination and if
   So the date of rejoining the institution
   (ii) Whether chlolar was continuously on the
   Rools of the institution
   (iii) If not, indicate the reasons of absence
   and the period of absence
10 Any Warning/caution issued to the scholar for poor
   Progress of studies, poor conduct or for other reasons give details
11. Please state if the scholar is in receipt of
    Financial assistance of any other source, if
    So the name of the source the amount per
    Month any other details may be indicated
12. Whether the scholar is continuously residing
    In approved hostel. If yes, a Certificate to this
    Effect on profoma overleaf may be furnished
13. Whether the applicant is paying tuition fee or is
    Exempted from tuition fees? If, tuition fee is
    Paid indicate the rate of fee P.M.
14. Any other remarks

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<tr>
<th>Date</th>
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DEPARTMENT OF SOCIAL WELFARE
GOVT. OF DELHI

SL No………………

Issued an application form in favour of Shri /Km…………………………………………
S/o D/o…………………………………………………………………………………………
For the Scholarship for the Physically Handicapped Student
(to be submitted before October 31)
Date of issue

Signature of Recipient

Signature of the
Issuing Office