

DIRECTORATE OF COLLEGIATE EDUCATION

KERALA STATE, THIRUVANANTHAPURAM

St. Sch:

State Scholarship Scheme.....20.....-20.....

APPLICATION FORM

(This application should be forwarded to the Director of Collegiate Education, Thiruvananthapuram, through the head of the institution before the date prescribed.)

Serial No.

Passport size photograph of the candidate to be pasted here

To be filled in at the Office of the Director of Collegiate Education, Thiruvananthapuram

Total marks.....

Income.....

1. Name of the Student : Shri/Smt./Kum. : (in block letters)

2. Name of the College :

3. The class in which the student is studying : Main subject : Subsidiary :

4. Date of admission of the student to the present class :

5. Date of birth :

6. Particulars of the qualifying examination passed :

Table with 5 columns: Name of Examination, University/Board/State, Year of passing the examination, No. of appearances, Reg. No. at each appearance

## 7. Marks secured by the candidate :

| Subject | Marks secured | Maximum marks |
|---------|---------------|---------------|
|         |               |               |
| Total   |               |               |

Certified that the details regarding the marks furnished by the candidate are correct.

(Signature)

*Principal.*

*N.B.*—If the space provided above for entering the marks is insufficient, an attested copy of the mark sheet may be attached with this application.

8. Whether the candidate has discontinued his/her studies after passing his/her qualifying examination. If so, specify the period of discontinuance and the reason therefor :

9. Father's name (if father is not alive, the Guardian's name) :

(a) Present postal address

(b) Permanent home address

(c) Profession stating designation

10. Whether the student is attending regular full-time course or evening class or correspondence course should be specified :

11. Whether the student is in receipt of any fee concession/stipend. If so, from which source :

12. Whether the student is in receipt of any scholarship. Specify the name of the scholarship and amount :

I hereby declare that the statements made by me in this application are true. I further agree to abide by the terms and conditions of the award, if I am selected for the scholarship applied for.

Name of the student

Station :

Date :

(Signature of the student)

INCOME AFFIDAVIT

Declaration of income for the year (ending on 31st March of a year) for purpose of State Scholarships.

I .....(here give Guardian's name) son/daughter of.....at present residing at.....solemnly affirm and say as follows :

1. That my son/daughter/dependent Shri/Kumari.....who has applied under the State Scholarship Scheme is studying in.....(here give the class and institution in which studying).

2. That my total annual income from all sources (including that of other members of my family) in the preceding year ending 31st of March 20..... is Rs..... (in words also.....)

3. That the statements made in the foregoing paragraphs are true to my knowledge.

That I further undertake that in the event of the particulars given in this declaration being found to be false, I shall refund to the Government of Kerala, double the amount of the scholarship paid to scholar and the Government's decision on whether the declaration is false shall be final and binding on me.

(Name in full)

(Signature of the Guardian)

(To be signed in the presence of a *Magistrate, I Class* who would also affix his seal and signature)

(Signature of Magistrate, I Class)

Date:

(Seal)

*Note* :—Income Certificates in the prescribed form issued by the Village Officer Countersigned by any one of the following persons are acceptable instead of the income affidavit shown above :

- (a) Local Panchayat President
- (b) Chairman of Municipality
- (c) Mayor of Corporation
- (d) Hony. Magistrate
- (e) M. L. A.
- (f) M. P.

CERTIFICATE OF THE HEAD OF THE INSTITUTION

Certified that Shri/Smt./Kumari.....  
is admitted into my institution during 20.....-20..... as regular student in class (specify here the main subject and subsidiary subjects also).....

I have verified the entries made by the student in this application form and found them to be correct.

The student is not in receipt of stipend or any other scholarship.

Station :

(Signature of the Principal)

Date :

(Office seal)