

**GOVERNMENT OF ANDHRA PRADESH, MINORITIES WELFARE DEPARTMENT**  
**APPLICATION FOR GOVERNMENT OF INDIA POST MATRIC SCHOLARSHIP FOR**  
**MINORITIES**

**IDENTIFICATION DETAILS**

TOKEN NUMBER		DATE OF RECEIPT	
NAME OF THE STUDENT (AS PER SSC)			
DATE OF BIRTH (AS PER SSC)		FATHER'S/GUARDIAN'S NAME	
GENDER		PARENT/PARENT'S OCCUPATION	
COMMUNITY/RELIGION		TOTAL ANNUAL INCOME OF FAMILY	
APPLICATION		SSC OR EQUIVALENT EXAM	
REGISTERED NO. OF SSC/ EQUIVALENT EXAM		YEAR OF PASSING (SSC OR EQUIVALENT EXAM)	
TYPE OF RATION CARD		PHYSICALLY CHALLENGED	

**DETAILS OF PRESENT COURSE OF STUDY**

UNIVERSITY NAME			
DISTRICT WHERE COLLEGE LOCATED		MANDAL/TOWN/CITY WHERE COLLEGE LOCATED	
COLLEGE NAME			
COURSE NAME		SUBJECT	
MEDIUM OF COURSE		PRESENT YEAR OF STUDY	
NAME OF COMPETITIVE EXAM		WINDOW SW1/SW2 (UNDER WHICH ADMITTED)	
ENTRANCE HALL TICKET NO		ENTRANCE RANK	
CATEGORY OF ADMISSION		ADMISSION NO OF COLLEGE	
STUDENT STATUS		DISTANCE B/W RESIDENCE AND COLLEGE	

**DETAILS OF PREVIOUS COURSE OF STUDY**

PREVIOUS EXAMINATION PASSED		TOTAL MARKS	
MARKS OBTAINED		PERCENTAGE OF MARKS OBTAINED	

**BANK DETAILS**

NAME OF THE DISTRICT IN WHICH BANK LOCATED	
NAME OF THE BANK	
BRANCH	
BANK ACCOUNT NO. OF THE STUDENT	

**PRESENT ADDRESS / ADDRESS OF CORRESPONDENCE**

ADDRESS			
STATE		DISTRICT	
MANDAL/TEHSIL/TOWN/CITY		VILLAGE	
EMAIL		MOBILE NO.	
PIN CODE		RESIDENCE PHONE NO.	
ASSEMBLY CONSTITUENCY			

**PERMANENT ADDRESS**

ADDRESS			
STATE		DISTRICT	
MANDAL/TEHSIL/TOWN/CITY		VILLAGE	
EMAIL		MOBILE NO.	
PIN CODE		RESIDENCE PHONE NO.	
ASSEMBLY CONSTITUENCY			

**STUDY/BONAFIDE CERTIFICATE  
(TO BE CERTIFIED BY THE PRINCIPAL)**

Photograph  
Attested by  
Principal

This is to certify that Master/Kum. \_\_\_\_\_  
S/O., D/o. \_\_\_\_\_ Resident of \_\_\_\_\_  
Village \_\_\_\_\_ Mandal is studying \_\_\_\_\_ course \_\_\_\_\_ year in our  
College during the Academic Year \_\_\_\_\_. He/She got Admission in Convener Quota i.e. 'A'  
Category/ 'B' Category/Management Quota. He/She belongs to \_\_\_\_\_ Community as per the  
information of the College Records and is a Dayscholar/ Hosteller.

- a) Bank Account No. of the College \_\_\_\_\_
- b) Name of the Bank \_\_\_\_\_
- c) Name of the Branch \_\_\_\_\_
- d) IFSC Code Number \_\_\_\_\_

**(Nationlised Banks only)**

Institution Recognition No: \_\_\_\_\_ Year: \_\_\_\_\_ Valid Up to: \_\_\_\_\_ Year

**Date:**

**Signature of Principal  
(With College Seal)**

**SIGNATURE OF THE STUDENT**

**SIGNATURE OF THE PARENT/GUARDIAN**

**SIGNATURE OF THE VERIFICATION OFFICER  
(ASWO/ABCWO/ACWO)(OFFICE USE ONLY)**

**DOCUMENTS TO BE ENCLOSED**

1. Income Certificate issued by Tahsildar /Salary Certificate from Employer and Affidavit on Non Judicial Stamp paper.
2. Photo copy of S.S.C or equivalent course Marks Memorandum Attested by the Principal.
3. Photo copy of Previous Course(Class) Marks list, Attested by the Principal.
4. Bonafide Certificate issued by the Institution.
5. Proof Of Permanent Residence(residence (Photo copy of Ration Card/Voter ID/Electricity Bill/Gas Bill or anyother document of Father/Guardian).
6. Photo copy of Bank A/c PassBook of the Student.
7. Photograph attested byPrincipal.
8. Minority CommunityDeclaration- Affidavit on Non Judicial Stamp Paper
9. Details of Fee particulars andPhoto copies of fee receipts.
10. Allotment Letter ofConvenor/Management

**Application should be sent through the Educational Institutions only**

**FOR FURTHER DETAILS VISIT OUR WEBSITE [www.apsmfc.com](http://www.apsmfc.com) -> Central Government Scholarships**

**DECLARATION OF PARENTS/GUARDIAN'S INCOME AND COMMUNITY  
(SPECIMEN)**

**(ON NON- JUDICIAL STAMP PAPER OF RS.10/-)**

**I \_\_\_\_\_  
(PARENTS/GUARDIAN) OF \_\_\_\_\_ (NAME OF STUDENT) WHO  
IS STUDYING IN \_\_\_\_\_ HEREBY DECLARE THAT MY ANNUAL  
INCOME FROM ALL SOURCES IS RS. \_\_\_\_\_ (IN  
FIGURES) \_\_\_\_\_ ONLY (IN WORDS). I ALSO HEREBY  
DECLARE THAT I BELONG TO \_\_\_\_\_ COMMUNITY WHICH IS ONE OF THE  
MINORITY COMMUNITIES NOTIFIED BY CENTRAL GOVERNMENT. IF ANY STAGE, IT IS  
FOUND THE INFORMATION GIVEN BY ME IS FALSE/NOT TRUE, ALL BENEFITS GIVEN TO  
THE STUDENT UNDER THIS SCHEME  
OF COULD BE WITHDRAWN AND LEGAL ACTION AS DEEMED FIT, MAY BE TAKEN  
AGAINST ME OR MY WORD.**

**DATE:**

**SIGNATURE  
(FATHER/MOTHER/GUARDIAN)  
RESIDENTIAL ADDRESS**