

MERIT SCHOLARSHIP FOR HIGHER EDUCATION OF GIRLS WITH VISUAL IMPAIRMENT

APPLICATION FORM

- 1) Name of the Student : _____
- 2) Name of the Father / Guardian : _____
- 3) Date of Birth : _____
- 4) Permanent Address with Pincode : _____

Phone number : _____
Email ID, if any : _____
- 5) Residual Vision, if any : _____
- 6) Age at the onset of blindness : _____
- 7) Name of the last annual examination passed : Plus 2 / I UG / II UG / III UG / I PG / II PG / B.Ed.
a) Percentage of marks obtained : _____
- 8) Name, address of the College/University : _____
in which studying at present

Phone number : _____
- 9) Name of the course being pursued : _____
including subject/s offered
- 10) Duration of the course : _____
- 11) Date of joining the course : _____

12) Have you received Computer/Laptop from Government Scheme? : Yes ☐ No ☐

13) Do you have Computer knowledge : Yes ☐ No ☐

a) If yes, are you interested for a Computer test? : Yes ☐ No ☐

14) a) Are you a hosteller? : Yes ☐ No ☐

b) If yes, name and full address of the hostel : _____

Phone number : _____

Certified that the facts given above are true to the best of my knowledge and belief.

Date :

Signature / thumb impression of the applicant

ATTESTED COPIES OF DOCUMENTS TO BE ATTACHED:

- ☆ Certificate for Date of Birth
- ☆ Copy of certificate / degree and mark sheets of the previous examinations
- ☆ Certificate of blindness issued by a Government Hospital
- ☆ 2 Passport size Photographs
- ☆ Copy of the first page of Bank Passbook
- ☆ Progress reports duly signed by the college/university authority
- ☆ Income Certificate

RECOMMENDATION FROM THE COLLEGE / UNIVERSITY

I hereby recommend Miss

Roll No. Course & year

to UDIS Forum, Coimbatore, for availing Dr. Marga Schulze Merit Scholarship through CBM. It is certified that she is a bonafide student of this college / university.

*Signature of the Head of the Institution
(with Seal)*