

**OFFICE OF THE CONTROLLER OF EXAMINATIONS
TEZPUR UNIVERSITY: NAPAAM-784028**

NOTIFICATION

No. F. 14-12/1/2007(Acad)/1780

Dated: January 10, 2020

An advertisement has been published by the District Social Welfare Officer, Sonitpur , Tezpur, Assam inviting applications for Scholarship to Students with Disabilities(PWD)for the year 2019-20.

Interested students belonging to PWD category may fill up the attached prescribed format and submit the complete application forms along with all necessary documents to the Office of the Controller of Examinations latest by 12th January 2020. No application will be accepted beyond the date.

(L. Boral)
Controller of Examinations

OFFICE OF THE DISTRICT SOCIAL WELFARE OFFICER
SONITPUR :: TEZPUR.

NO. DSWO (T)31/2015/5

Dated Tezpur the 30th December/2019

From : District Social Welfare Officer,
Sonitpur, Tezpur.

To : 1) The Hon^{ble} MLA, Tezpur LAC/ Dhekiajuli LAC/ Borchala LAC/ Rangapara LAC/
Sootea LAC/ Biswanath LAC/ Behali LAC/ Gohpur LAC under Sonitpur and Biswanath Dist.
2) The Deputy Commissioner, Sonitpur
3) The Deputy Commissioner, Biswanath
4) The District Development Commissioner/
Addl. Deputy Commissioner, Sonitpur.
5) The District Development Commissioner/
Addl. Deputy Commissioner, Biswanath
6) The CEO, Zila Parishad, Sonitpur/ Biswanath.
7) The Principal/Director of Medical College, Tezpur, Sonitpur.
8) The Register of Tezpur University, Sonitpur.
9) The Principal of I.T.I, Tezpur Sonitpur.
10) The Joint Director of Health Services, Sonitpur.
11) The District Veterinary Officer, Sonitpur/ Biswanath
12) The DEEO/Inspector of Schools, Sonitpur/ Biswanath.
13) The District Information & Public Relation Officer, Tezpur, Sonitpur.
14) The Chairman of Municipality Board/ Town Committee, Tezpur, Dhekiajuli,
Rangapara, Biswanath, Gohpur.
15) The Block Development Officer, Gabharu/ Balipara/ Bihaguri/
Dhekiajuli/ Borchala/ Rangapara/ Naduar/ Sootea/ Biswanath/ Sakomatha/ Behali/
Baghmara/ Chayduar/ Pub-Chaiduar
16) The Child Development Project Officers, Tezpur Urban/ Gabharu/ Balipara/ Bihaguri/
Dhekiajuli/ Borchala/ Rangapara/ Naduar/ Sootea/ Biswanath/ Sakomatha/ Behali/
Baghmara/ Chayduar/ Pub-Chaiduar ICDS Project in Sonitpur/ Biswanath District
17) The Superintendent of Sericulture, Sonitpur, Tezpur
18) Sri Utpal Bhuyan, Chief Secretary, North Assam Divyanga Association.

Sub : Scholarship to Students with Disabilities for the Year 2019-20
Ref : Letter No. DSWO (T)31/2015/3., Dated Tezpur the 18th July'2019

Sir/Madam,

With reference to the subject cited above, I would like to inform you that the Govt. of Assam, Social Welfare Department has been providing financial Assistance to the beneficiaries for the following scheme under State Plan during the year 2019-20

Scheme:

- (1) Scholarship to students with Disabilities (From Primary School to University Student).
- (2) Scholarship Scheme for Student with Disabilities pursuing Medical & Technical Education.

In this regard I would like to send herewith a copy of application format for the scheme. So, I request you kindly to make wide publicity through your functionaries for implementation of the scheme. Last date of submission of form 12th January'2020 at Office of the District Social Welfare Officer, Sonitpur, Tezpur.

This is for favour of your kind information and necessary action.

NB : For more details the applicant can be contract with the undersigned.

Yours faithfully,

[Signature]
30/12/19
District Social Welfare Officer,
Sonitpur, Tezpur.

Memo NO. DSWO (T) 31/2015/5-A,

Dated Tezpur the 30th December/2019

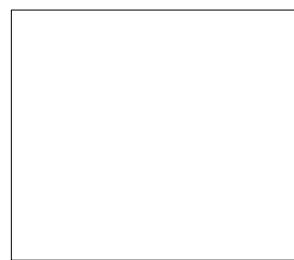
Copy to :

[Handwritten notes and signature]
Mr. Bira Sana
So. (Head)
for necessary information
to the concerned pro
students.
9.1.20

APPLICATION FORM

(Scholarship scheme for Differently Abled Students pursuing Medical & Technical education)

1. Applicant's name:
2. Father's name:
3. Mother's name:
4. Guardian's name:
(if parents are not alive)
5. Date of Birth:
6. Address: Village-
Road-
P.O.-
G.P./Town Committee-
Block-
Assembly Constituency-
District-
7. Annual Income of parents/Guardians:
8. Caste (tick in appropriate box): Gen ST SC OBC
Ex-Tea Garden Others
9. Type of disability:
10. Disability Certificate No. /Date:
11. Percentage(%) of Disability:
12. Course and name of the institution/school/colleges:
13. Applicant's A/C No.:
IFSC Code:
A/C Holder's Name (as in Bank A/C):
Name of the Bank/Branch:
14. In case applicant is a minor:
 - a) Name of the Applicant:
 - b) Name of the legal guardian who operates the A/C No.:
 - c) A/C No.:
 - d) IFSC Code:
 - e) Name of the Bank:
 - f) Branch:



I do hereby declare that the particulars furnished above are true to the best of my knowledge and belief and I shall be liable for punishment under law if these are found to be false.

Documents to be enclosed:

1. One self-passport size photograph:
2. Certificate of proof of address/ residence:
3. Disability Certificate issued by Competent Govt. Authority:
4. Photo copy of the front page of bank pass book:

(Full signature of the Applicant)
Contact No.:
Email Id:

Certificate from Head of the School/Institution
(to be filled up by the Head of the School/Institution)

Certified that Sri/Smti..... Son/daughter of
Sri/Smti/Late..... is a bonafide student of my
School/Institution(Name&Address).....
.....He/She has been now reading in
Class.....(details should be indicated)

Signature
Head of the School/ Institution
(Seal)