**BHEL SCHOLARSHIP SCHEME IN TECHNICAL EDUCATION FOR**



**PHYSICALLY CHALLENGED (DISABLED) ITI**

**STUDENTS OF BATCH 2019-20**

**APPLICATION FORM**

(Last Date for Receipt of Application**: 05.02.2020**)

(Applicant must fill all the fields neatly in hand-written or typed in capital letters. If any field is not applicable to the applicant, please write “Not Applicable”)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **PERSONAL DETAILS** | | | | | **(Photograph attested by the Head of Institution)** | |
| Name: | | | | |
| Address for Correspondence: | | | | |
| Domicile (State): | | | | |
| Date of Birth: | | | | |
| Disability Percentage (%): | | | Sex: Male / Female | |
| Caste (SC/ST/OBC/GEN): | | | | | | |
| Telephone Nos. | | | | | | |
| E Mail id: | | | | | | |
| Father’s Name, Address and Occupation: | | | | | | |
| Mother’s Name and Occupation: | | | | | | |
| Total Annual Income of the Family (in Rs): | | | | | | |
| Has any FIR ever been lodged against the Applicant: YES / NO  (If Yes, please provide details in a separate sheet) | | | | | | |
| 1. **ACADEMIC DETAILS** | | | | | | |
| Course Name & Trade/Branch: | | | | | | |
| Name & Address of the Institution: | | | | | | |
| Duration of the Course (no. of years): | | | | | | |
| Annual estimated expenditure for the course per year (in Rs.): | | | | | | |
| Tuition Fees (Rs): | | | Books (Rs): | | | |
| Hostel charges(Rs): | | | Other Misc. Expenses (Rs): | | | |
| 1. **EDUCATIONAL QUALIFICATIONS** | | | | | | |
| Name of Examination | Year of Passing | Board/University/Institution | | Division/ Class/Grade | | Percentage of Marks |
| CLASS VIII |  |  | |  | |  |
| CLASS X |  |  | |  | |  |
| CLASS XII |  |  | |  | |  |
|  |  |  | |  | |  |
|  |  |  | |  | |  |

**Signature of the Applicant**

**D.** **QUALITATIVE ACHIEVEMENT**



Please mention any academic distinction, grants, scholarships and prizes received by you.

**E. REFERENCES**

The candidate is required to give two references of reputed persons other than his/her relatives. BHEL will be at liberty to refer to them regarding the candidate’s eligibility for the scholarship.

(1) Full Name …………………………………………………

Occupation …………………………………………………

Full address …………………………………………………

and contact No. …………………………………………………

…………………………………………………

Relationship with …………………………………………………

Candidate …………………………………………………

(2) Full Name …………………………………………………

Occupation …………………………………………………

Full address …………………………………………………

and contact No. …………………………………………………

…………………………………………………

Relationship with …………………………………………………

Candidate …………………………………………………

**I, hereby declare that the above information furnished by me is true and correct in all respect.**

Signature of the Applicant ………………………………………………………

Full Name ………………………………………………………

Place and Date ………………………………………………………

**Forwarding by the Head of the Institute**



I solemnly declare that the Institute/College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is duly recognized by AICTE/Central Govt./State Govt. I also declare that the above information furnished by the applicant, Ku / Kumari \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is true and correct in all respects to the best of my knowledge and available office records. I, therefore, recommend his/her candidature for the BHEL’s Scholarship Scheme for the year 2019-20.

Signature ………………………………………………………

Name ………………………………………………………

Designation ………………………………………………………

Date ………………………………………………………

Contact No ………………………………………………………

Seal of the Institute

**List of Enclosures along with Application Form**

1. Date of Birth Certificate of the Application (class-X mark sheet)

2. Residential Proof of Father (any one of Landline Telephone Bill, Electricity Bill, Ration Card etc.)

3. Photo identity Proof of Candidate (any one of Driving License, Voter I-Card, Aadhar Card, Student ID Card etc.)

4. Mark-Sheet of the candidate from Class 8th onwards.

5. Proof of Admission in the Institution (Admission letter, etc)

6. Student ID issued by the Institute

7. Latest Mark sheet duly forwarded by the Head of the institution

8. Income Proof of Parents (IT return/Form 16/ Income Certificate)

9. Domicile certificate of the applicant

10. Disability Certificate of the applicant

11. Bank Passbook Copy of the applicant

12. Caste Certificate (if applicable)

**Office where Form is to be submitted**

Manager- (HR-TAD)

Town Administration Department,

Sampada Bhawan, Hostel No.4,

Piplani, BHEL---462022

Phone No. 0755-2502775

**NOTE: BHEL reserves the full rights to alter, modify or withdraw the scheme as and when considered necessary without any prior intimation to the candidates.**