



DIRECTORATE OF MASS EDUCATION EXTENSION
GOVERNMENT OF WEST BENGAL
APPLICATION FORM
SAHANUBHUTI SCHOLARSHIP FOR THE STUDENTS WITH DISABILITIES
(CLASS IX & ONWARDS)
(2026-2027)

PERSONAL DETAILS OF THE APPLICANT:

1. Name of the Applicant
(In Block Letters) : _____
2. Father's Name : _____
3. Date of Birth
(dd/mm/yyyy) : _____
4. Nature of Disabilities : _____
5. Percentage of Disabilities of the Applicant
(**Copy of the Handicapped Certificate is to be enclosed**) : _____
6. Caste (Gen/SC/ST/OBC): _____

PHOTO

CONTACT DETAILS OF THE APPLICANT:

PERMANENT ADDRESS:

- | | |
|-------------------------|-------------------|
| 7. VILL : _____ | 8. P.O : _____ |
| 9. P.S : _____ | 10. PIN : _____ |
| 11. DIST : _____ | 12. STATE : _____ |
| 13. MOBILE NO. : _____ | |
| 14. E-MAIL ID : _____ | |
| 15. Aadhaar No. : _____ | |

16. EDUCATIONAL QUALIFICATION:

Name of the Last Examination	Year of Passing	Name & Full Address of the Institution	Percentage of Marks Obtained	Date of Leaving the Last Class

(Attested copies of the Mark Sheets is to be attached)

PRESENT COURSE DETAILS OF THE APPLICANT:

17. Name & Full Address of the Present Institution: _____
18. Name of the Present Class/Course: _____
19. Date of Joining in the Present Class/Course: _____
20. Whether Hosteller/ Day Scholar: _____

21. BANK DETAILS:

Name of the Bank:		A/C No.	
Name of the Branch:		IFSC:	

22. Whether the name of the applicant is in the Voter List-2026(incase age is 18 yrs & above): _____
(Yes/No/ Not Applicable), If yes mention the EPIC No. _____ & attach the concerned page of the Voter List - 2026.
23. Whether the name of the Parents is in the Voter List-2026: _____(Yes/No)
If yes mention the EPIC No.(a) _____ & No.(b) _____ & attach the concerned page of the Voter List - 2026.
24. Whether received of this Scholarship in the Previous Year (YES/NO): _____
25. If Yes, the Amount Received Rs. _____
26. Father's / Guardian's Occupation: _____
27. Annual Family Income of the Applicant from all sources: _____
(Income Certificate from Panchayet Pradhan/ Local Councilor/B.D.O/ Local MLA/Local M.P/ Gazetted Officer is to be attached. A proforma has been enclosed).

Declaration: I do hereby declare that the above statements are true to the best of my knowledge & I am not in receipt of any other Financial Assistance or grant from any other Govt. Department.

(Signature of the Applicant with Date)

Certified that the above information given by the applicant has been checked and found correct.

Place:

Date:

(Signature of the Head of the Institution with Seal)