

MASS EDUCATION EXTENSION DIRECTORATE
GOVERNMENT OF WEST BENGAL
APPLICATION FORM
"SAHANUBHUTI"
SCHOLARSHIP FOR THE STUDENTS WITH DISABILITIES (2025-2026)
(CLASS IX & ONWARDS)

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-A/OBC-B): _____

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 received of this Scholarship in the Previous Year (YES/NO): _____
23. If Yes, the Amount Received Rs. _____
24. Father's / Guardian's Occupation: _____
25. 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)

"SAHANUBHUTI"
SCHOLARSHIP FOR THE STUDENTS WITH DISABILITIES (2025-2026)
(CLASS IX & ONWARDS)

PROFORMA OF INCOME CERTIFICATE

TO WHOM IT MAY CONCERN

Certified that, _____, son of/
daughter of _____ is a permanent
resident of Vill. _____, Post. _____,
P.S. _____, Pin _____,
Dist. _____ in the State of _____
_____.

His/ Her annual family income from all sources is Rs. _____.

Place:

Date:

(Signature of Panchayet Pradhan/ Local Councilor/
B.D.O/ Local MLA/Local M.P/ Gazetted Officer with Seal)

ANNEXURE – I

**PROFORMA FOR ESCORT CERTIFICATE IN CONNECTION WITH "SAHANUBHUTI"
SCHOLARSHIP FOR THE YEAR 2025-2026**

Affix recent passport size attested photo of the student/applicant
Full Name

Affix recent passport size attested photo of the Escort
Full Name

Certified that _____ (name of the escort)
residing at _____
_____ (full address along with contact no.) is
Escorting _____ (name of the student) from
his/her resident _____ to _____
_____ (name of the institution) from
____/____/____ (date) for continue his/her studies.

I hereby certify that the above made statements are true to the best of my knowledge and belief.

Signature of the H.O.I _____

Designation: _____

Seal: _____

*Copy of the Aadhaar card/ Voter I-card/ Pan Card & Residential certificate of the Escort are to be submitted along with this certificate.

Students having 75% & above disabilities and obtaining certificate from competent Medical Authority regarding necessity of Escort only eligible to apply for this benefit.

ANNEXURE – II

**PROFORMA FOR READER CERTIFICATE IN CONNECTION WITH "SAHANUBHUTI"
SCHOLARSHIP FOR THE YEAR 2025-2026**

Affix recent passport size attested photo of the student/applicant & sign across the photograph
Full Name

Affix recent passport size attested photo of the Reader & sign across the photograph
Full Name

Certified that _____ (name of the Reader)
residing at _____
_____ (full address along with contact no.) is
engaged with _____ (name of the student) from
____/____/____ (date) as a Reader to assist his/her studies due to Visually Impairment of the
said student.

I hereby certify that the above made statements are true to the best of my knowledge and belief.

Signature of the H.O.I. _____

Designation: _____

Seal: _____

*Copy of the Aadhaar card/ Voter I-card/ Pan Card & Residential certificate of the Reader are to
be submitted along with this certificate.