

FORM No. 1
ନୂତନ ଛାତ୍ରଛାତ୍ରୀଙ୍କ ଦରଖାସ୍ତ ଫର୍ମ

F

ପ୍ରାୟତଃ ସମସ୍ତେ ଅଧ୍ୟୟନ କରୁଥିବା ଆଦିବାସୀ ଓ ହରିଜନ ଛାତ୍ରଛାତ୍ରୀମାନଙ୍କ ପାଇଁ ଓଡ଼ିଶା ସରକାରଙ୍କ ଛାତ୍ର ବୃତ୍ତି

(ଏହିପ୍ରକାର ନୂତନ ଅଧ୍ୟୟନ ଆଧୁନିକାତମ ନିୟମରେ ପ୍ରତିବର୍ଷ ଅଗଷ୍ଟ ମାସ ୧୫ ତାରିଖ ପୂର୍ବରୁ ଦରଖାସ୍ତ ଦାଖଲ ହେବା ଆବଶ୍ୟକ ।)

ବାଲକାର୍ଯ୍ୟାଳୟ/ପିଲାମାନଙ୍କ/ଅନୁଭବୀ
ହରିଜନଆଦିବାସୀ
(ଯାହା ଅନୁଭବୀଙ୍କ ନାହିଁ ସେହି)

ଓଡ଼ିଶା ନୂତନ ଦରଖାସ୍ତପତ୍ର ଅଧିକାର, ନୟାଗଡ଼

'ବିଭାଗ କ' (Part A)

(ଦରଖାସ୍ତକାରୀ ପରିଷ୍ଟାର ଗାତ୍ର ନିଜ ବ୍ୟାପକରେ ପୂରଣ କରିବେ)

- ୧। ପୁରା ନାମ ଶ୍ରୀକୃପାଳୀ
- ୨। ହରିଜନ ବା ଆଦିବାସୀ
- ୩। ଧର୍ମ
- ୪। ଶାୟୀ ବାସଗୃହ ଠିକଣା —
ରାଜ୍ୟ ଜିଲ୍ଲା
ନୂତନ ବା ମଞ୍ଚଳ ଚମ୍ପୂସିଲ
ତାଳପତ୍ର ପଞ୍ଚା
ଗ୍ରାମ ପଞ୍ଚା (ଯଦି ଥାଏ)
- ୫। ପିତାଙ୍କ ପୂରା ନାମ
- ୬। ବର୍ତ୍ତମାନ ଉଚ୍ଚ ଆଦିବାସୀ/ହରିଜନ ପ୍ରାୟତଃ ବୃତ୍ତି ବା ଅନ୍ୟ କୌଣସି ବୃତ୍ତି ପାଇଥିଲେ କି ? ହଁ ନାହିଁ । ଯଦି ହଁ, ତିନିମାସିକ ଭାବେ ବର୍ଣ୍ଣନା : —
(i) କି ପ୍ରକାର ବୃତ୍ତି
- (ii) କେଉଁ ଶ୍ରେଣୀ ଓ ପାଠ୍ୟକ୍ରମ ପାଇଁ ବୃତ୍ତି ମନୁଷ୍ୟ କରାଯାଇଥିଲା
- (iii) ବୃତ୍ତି ପ୍ରଦାନ କରାଯାଇଥିବା ବିଷୟବସ୍ତୁ ନାମ
- (iv) ମୋର ପଢ଼ାପଢ଼ିଆ ଅର୍ଥର ପରିମାଣ
- (v) ଗତ ବର୍ଷର ପରୀକ୍ଷାରେ କୃତକାର୍ଯ୍ୟ ହୋଇଥିଲା କି ନାହିଁ

୭। ଦଳିତ ବର୍ଣ୍ଣ ଅଧ୍ୟାୟର କରୁଥିବା ବିଦ୍ୟାଳୟ ଓ ଶ୍ରେଣୀର ନାମ

୮। ଶାସ୍ତ୍ରପାଠରୁ ବିଦ୍ୟାଳୟର କ୍ରମଟି

୯। ଅଧ୍ୟାୟର କରୁଥିବା ବିଦ୍ୟାଳୟରେ ଛାତ୍ରାବାସ ଅଛି କି ?

୧୦। ବିଦ୍ୟାଳୟର କୌଣସି ଏକ ଛାତ୍ରାବାସରେ ଭିନ୍ନ କୌଣସି ମହୁଣାପୁସ୍ତକ ଛାତ୍ରାବାସରେ ଦାଖଲ କରାଯାଇଛି ?

ହଁ / ନାହିଁ

ଯଦି ହଁ, ଛାତ୍ରାବାସର ନାମ

ଠିକଣା

ଛାତ୍ରାବାସରେ ଯୋଗଦେବା ତାରିଖ

୧୧। ନିମ୍ନଲିଖିତ ଛାତ୍ର ବା ଛାତ୍ରୀମାନଙ୍କର ପିତା ବା ଅଭିଭାବକମାନେ କୃଷି ଆୟକର ବା ଆୟକର ନେଇଛନ୍ତି କି ନାହିଁ ଏ ବିଷୟରେ ଯୋଗ୍ୟ ପୂରଣ ଯୋଗ୍ୟତାକୁ ଏଥିରେ ଦର୍ଶାଇ ଦିଅନ୍ତୁ । ଏଥିପାଇଁ କୌଣସି ସାକ୍ଷ୍ୟ ବିଭାଗ ଅଧିକାରୀଙ୍କରୁ ପୂରଣ ଦାଖଲ ଆୟ ପାଠିକରେ ଦାଖଲ କରିବାର ଆବଶ୍ୟକତା ନାହିଁ । ଯୋଗ୍ୟତାକୁ ପଠିକ୍ ନଥିବାର ପ୍ରମାଣ ମିଳିଲେ ସଂପୂର୍ଣ୍ଣ ଛାତ୍ର/ଛାତ୍ରୀ ବା ତାଙ୍କର ଅଭିଭାବକଙ୍କୁ କୃଷି ବ୍ୟାପାରୀ ଯୋଗ୍ୟ ନେବାକୁ ପଡ଼ିବ ।

୧୨। ଏଥିରେ ସଂଯୋଗ କରିବା ଦରକାରୀ କାର୍ତ୍ତବ୍ୟ ବା ନେଇ—

- (କ) ଭରଣାସ ସହିତ ସଂଯୋଗ 'ଖ' ବିଭାଗ (Part B) ଫର୍ମରେ ବିଦ୍ୟାଳୟ/ଅନୁଷ୍ଠାନର ମୁଖ୍ୟ କର୍ମଚାରୀଙ୍କଦ୍ୱାରା ପୁରଣ କରାଇ ଦିଆଯିବ ।
- (ଖ) ପରିଶିଷ୍ଟ ୧ ରେ ଉଲ୍ଲେଖିଥିବା ଧର୍ମ ବା ଇତି ପ୍ରମାଣପତ୍ର ଦାଖଲ କରିବେ ।

ସ୍ତ୍ରୀ/ଆମେ ଏକତ୍ରାବା ଯୋଗ୍ୟତା କରୁଥିବା କି ନିରାଶ୍ରୟରେ ଉପସ୍ଥିତ ସମସ୍ତ ବିଦାରଣା ସତ୍ୟ ଅଟେ ଏବଂ ସମସ୍ତଙ୍କୁ ଲିଖିତ ଭାବେ ପ୍ରମାଣ କରାଯାଇ ସ୍ତ୍ରୀ/ଆମେ ଆଇଡି ଅନୁଯାୟୀ ବର୍ଣ୍ଣିତ କେତେ ଏବଂ ସମସ୍ତଙ୍କୁ କୃଷି ବ୍ୟାପାରୀ ଯୋଗ୍ୟ ନେବାକୁ ଦାଖଲ କରୁ ।

(i) ଦରଖାସ୍ତକାରୀଙ୍କ ସ୍ୱାକ୍ଷର

(ii) (କ) ପିତାମାତା/ଅଭିଭାବକଙ୍କ ସ୍ୱାକ୍ଷର ବା ଦିପ୍ତି ଚିହ୍ନ

(ଖ) ପୁରା ନାମ

(ଗ) ଛାତ୍ରଙ୍କ ସହିତ ସମ୍ପର୍କ

PART 'B'

(To be filled in by the Head of the School/Institution where the applicant is studying)

- (i) The statement made by the applicant in part 'A' are correct to the best of my knowledge and the caste certificate has been checked.
- (ii) Institution recognised or not ? If so, quote the authority with order No. and date.
- (iii) Is there any hostel attached to the Institution ? If so, the total number of seats in the hostel and the number of seats reserved for Scheduled Caste and Scheduled Tribe students.
- (iv) Character, conduct and attendance of the applicant (General review).
- (v) Whether you recommend for the award of a scholarship ? If so, either as a day scholar or a boarder.
- (vi) Duration of the course which the applicant is studying in your institution.
- (vii) Date of commencement of the current academic session of the course.
- (viii) Date on which the applicant joined in the institution and the Class and Section.
- (ix) Likely date, month and year on which the Annual Examination of the current session will be over.
- (x) Whether the applicant is residing in a hostel recognised by the competent authority (quote order No. and date).
 - (a) An approved hostel/mess recognised by the competent authority (quote order No. and date).
 - (b) Distance of the School/Institution from his/her residence.
 - (c) I undertake that the scholarship amount in respect of the applicant, if and when placed at my disposal will be disbursed by me for the specific purpose for which it is given and accounts will be regularly rendered to the authority which awarded the scholarship. In case applicant leaves the institution or otherwise discontinues the studies or accept any other regular scholarship/stipend, the fact will be immediately reported to the said authority and the payment of scholarship to the applicant will also be discontinued.

Signature of Head of the Institution

Designation

(Seal)

Date

ANNEXURE I

CASTE CERTIFICATE

NOTE—(i) This certificate should be signed by either of the following —

Collectors/Additional District Magistrate/District Welfare Officer/Subdivisional Officer/Assistant District Welfare Officer/ Gazetted Block Development Officer/ Member of Parliament/Member of State Legislature (In respect of their own Constituencies)/Executive Officer of Municipality/Gazetted Local Revenue Officers not below the rank of Deputy Collector or Tahasildar of the area to which the student belongs.

(ii) This is very important document as the scholarship is awarded mainly on the basis of this certificate. The issuing authority is, therefore, advised to issue this certificate with due caution.

I certify that to the best of my knowledge—

1. Shri/Kumari.....son/daughter of
(Full name of applicant)

Shri.....is a permanent resident of
.....
(Indicate Village, Tahasil/Taluk, District, State)

2. Shri/Kumari.....
(Name of the student)

belongs to the caste.....and sub-caste..... (if any)

His/her religion is.....

Signature of Issuing Authority.....

Full name (In capital letter).....

Designation.....

Address in full.....

Sanctioned by the Block Level Committee

In the meeting held on.....(SEAL)

Block Development Officer.....(SEAL)

FORM No. 5

ORDER

Sanction is hereby accorded for grant of Post-Matric Scholarships to undermentioned Scheduled Tribes/Scheduled Castes students of College/School as per amounts noted against each against the funds sanctioned in G. O. No. dated,

The scholarships are tenable to the students for the period against each subject to provision in the regulation.

Serial No.	Name of the student	Sub-caste	Course of study	Day scholar or hosteller	Fresh or renewal	Period	Income	Maintenance allowance	Other fees	Total	Deducted ad hoc grant already sanctioned	Net amount payable	Total sanction in the current year including the amount now sanctioned
1	2	3	4	5	6	7	8	9	10	11	12	13	14

Registrar / Principal / Sub-Collector
Post-Matric Scholarship Board

Dated

Memo. No. /S.S.D., Dated

Copy forwarded to the Accountant-General, Orissa, Bhubaneswar/Collector/D. W. O. /Director for S. C. & S. T. ex officio Deputy Commissioner for S. C./S. T., Government of India, 79-Sahid Nagar, Bhubaneswar/Officer-on-Special Duty-cum-Deputy Secretary, T. W. Department, Orissa Secretariat, Bhubaneswar/Bill Clerk/Treasury Officer for information and necessary action.

Registrar / Principal / Sub-Collector

FORM No. 6

OFFICE OF THE SUB-COLLECTOR

No.

/ SSD, Dated.....

FROM

Sub-Collector.....

TO

The Principal

SIR,

I am directed to forward herewith a Government draft bearing No.
dt..... for Rs. (Rupees.....)
only drawn in your favour on the State Bank of India representing
the Post-Matric Scholarship to be awarded in favour of S. C./S. T. students of your institution.

I am to request that the enclosed Government draft may please be acknowledge the amount
disbursed to the students concerned as per your sanction order. Undisbursed amount, if any, found
after disbursement should be returned to the undersigned by means of Government draft
immediately.

Yours faithfully,

Sub-Collector

