GOVERNMENT OF JAMMU & KASHMIR

**DIRECTORATE OF TRIBAL AFFAIRS J&K**

SRINAGAR

\*\*\*\*\*\*\*\*

**Subject: - Applications are invited from “Scheduled Tribe” (ST) students for Grant of Pre-Matric Scholarship for the year 2018-19.**

**NOTIFICATION**

Applications on prescribed proforma are invited from “***Scheduled Tribe***” students for grant of Scholarship under the Scheme “Pre-Matric Scholarship to ST students for class 9th& 10th Only” for the year 2018-19 whose parents/Guardians Income does not exceed to **Rs: 2,00,000/= per Annum** and are pursuing their studies in different Government/Private Recognized Educational Institutions.

The application forms accompanied with the certificates/documents mentioned hereunder, shall be deposited with the concerned Head of the Institution who after proper verification and scrutiny shall forward the soft copy as well as hard copy of the list as per proforma Annexure “**A**” to District Tribal Welfare Officer Rajouri, in case of District Rajouri, Poonch, Jammu, Samba &Kathua and to District Tribal Welfare Officer Reasi in case of District Reasi, Udhampur, Ramban, Doda&Kishtwar, who in turn will submit forms to Deputy Director, Tribal Affairs Office Jammu after proper verification of genuineness of the documents/claim and in case of Kashmir Division to Deputy Director Tribal Affairs Kashmir Suleiman Complex Dalgate, Srinagar**by or before 16th of August, 2018**.No application form shall be entertained after the 16th of August, 2018. In case of any difficulty concerned Head of the Institution can contact the following Officers/Officials during Office Hours. Forms can be downloaded from Website: ***tribalaffairsjk.gov.in***.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No | Districts | Name of the Officers/Officials | Contact Mobile Numbers / Office Numbers | Designation |
| 01 | All Districts of Kashmir Province&Leh, Kargil | Smt: NighatMajeed | 9419388811 | Deputy Director Kashmir |
| 02 | Jammu, Rajouri, Poonch, Samba &Kathua | Mr: AamirChoudhary | 9419101688 | District Tribal Welfare Officer |
| 03 | Reasi, Udhampur, Ramban, Doda&Kishtwar | Mr: Din Mohammad Afaqi | 9419358528 | District Tribal Welfare Officer |
| 04 | Jammu Province Districts may also contact | Deputy Director Tribal Affairs Jmu. | 0191-2544321 | Deputy Director Tribal Affairs Jmu. |

The Head of the Institutions will submit verified forms as and when received without waiting for the last date. Head of the Institution should submit the list and application forms through proper Channel.

**DOCUMENTS/CERTIFICATES TO BE ATTACHED WITH THE APPLICATION FORM:**

1. *One passport size photograph to be pasted on Application form duly attested by the Head of the Institution.*
2. *Permanent Residence Certificate (State Subject).*
3. *Parents/Guardian’s Income certificate indicating income from all sources (In Original from concerned Tehsildar in case of students parents/guardians are non-Government Employees) along-with income declaration by the self-employed parents/guardian’s, stating definite income from all sources by way of an affidavit on non-judicial stamp paper. In case of Government Employees, Salary Certificate issued by the concerned Drawing & Disbursing Officers (DDO) is to be attached/ in case of Retired Government Employee pension slip from the treasury Officer, besides an affidavit on non-judicial Stamp Paper regarding other income if any.*
4. *Caste Certificate (****Scheduled Tribe****) from competent authority.*
5. *Receipt of Fee in Original issued by the Institution.*
6. *Attested promotion certificates, (Renewal case only).*
7. *Hosteller Certificate, issued by the Institution/Warden.*

**Mohd. Rafi (KAS)**

**Director,**

**Tribal Affairs J&K,**

**Sgr.**

No: DTA/PMS/2018-19/3285-3307 Dated: 28-06-2018

Copy to the:

1. Principal, Resident Commissioner J&K Government, New Delhi/Mumbai for favour of information and with a request to publicize the Scheme.
2. Commissioner Secretary to Government, School Education Department with the request to upload the notification on the Official Website.
3. Secretary to Government, Tribal Affairs Department for information and with the request to upload the same on the Official Website.
4. Director School Education Department, Jammu/Kashmir for information and necessary action.
5. Director, Radio Kashmir Srinagar/Jammu, Leh, Kargil, Baderwah, Kishtwar with the request repeatedly to Broadcasting the notification in NEWS Bulletins.
6. Director, Doordarshan Kendra Srinagar/Jammu with the request to give repeated publicity to the notification.
7. Joint Director School Education all for information.
8. Chief Education Officer (All) for information and necessary action.
9. Joint Director, Information Srinagar/Jammu along-with four copies of Notification, Annexure with a request to kindly arrange the publication of Notice with Annexure’s in all leading dallies of the State having wide circulation in Jammu/Kashmir/Ladakh Divisions and outside the State to ensure maximum publicity.
10. Secretary G&B Advisory Board Srinagar with the request to circulate the notification in among all Wardens.
11. Deputy Director Tribal Affairs Jammu/Kashmir for information and further necessary action.
12. District Tribal Welfare Officer Rajouri/Reasi for information and necessary action.

**GOVRNMNT OF JAMMU & KASHMIR**

**DIRECTORATE OF TRIBAL AFFAIRS J&K**

**\*\*\*\*\*\*\*\*\*\*\***

|  |
| --- |
| **Photograph to be attested by Head of the Institution** |

**FORM OF APPLICATION FOR GRANT OF PRE-MATRIC SCHOLARSHIP SCHEDULED TRIBE STUDENTS FOR THEYEAR 2018-19.**

**Part I**

**1: Full Name: (in block letters)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**2: Father/Guardian’s Name:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**3: Mothers Name:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**4: Address:**

|  |  |
| --- | --- |
| Mohalla/Street |  |
| Village with Code |  |
| Tehsil |  |
| District/District Code |  |
| Pin Code |  |
| Assembly Constituency |  |
| Panchayat Code/ Panchayat Name |  |
| Block Code/Block Name |  |
| Aadhar Number | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | Aadhar Seeded Y/N |  |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

**5: Contact No. of the Student (Existing):-**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

**6: Date of Birth:**

**7: Occupation of Father/Guardian**

**8. E-mail I D**

**9: Details of Saving Bank Account of student (Compulsory) preferably J&K Bank:**

i). Name of the Bank with address:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ii). Bank Branch (IFSC Code):- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Bank Account No. (16 Digits):-

**10:Monthly Income of the Parent/Guardian: (Head of the Institution/District Tribal Welfare Officer/Deputy Directors to verify the geniuses of the income certificate from the issuing authority before processing further.**

|  |  |  |
| --- | --- | --- |
| **Income certificate issued by the Tehsildar** | **Number** | **Date of issuance** |
|  |  |  |

|  |  |
| --- | --- |
| **Name of the Tehsildar** | **Contact details of the Tehsildar** |
|  |  |

**Part II**

**TO BE FILLED IN BY THE CONCERNED HEAD OF TH INSTITUTION (COMPULSORY)**

**Head of the Institution shall be responsible for recommending/rejecting the application form.**

**Head of the Institution shall be responsible for verification of the documents attached with the form.**

**11: Details of Institution /Course/Student:**

1. **Name of the Institution:-** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Code if any:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Address of Institution:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. If a private Institute, is the school / College / Institute Recognized? \_\_\_\_\_\_\_\_\_\_\_ If so, the name of authority which has recognized it: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (along with copy of the order of recognitions).Also certificate to the effect that Institution is authorised to run the course for which scholarship is claimed.

**12. Details of course for which Scholarship is being sought (Compulsory)**:

I. Name of Class: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Date of Admission: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Academic Year: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. Duration of Course: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. Expected date of completion of the course\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
5. Registration Number:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
6. Whether Hosteller/Day-Scholar:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
7. Whether physical handicapped/Mentally retarded & whether any escort/Assistance is being provided or not.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
8. Starting Year of Scholarship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
9. Contact No. of Institute. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
10. E-mail ID of Institute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
11. Total Annual Course Fee (Non-Refundable) as per below break-up

|  |  |  |
| --- | --- | --- |
| ***S.No*** | ***Item*** | ***Annual Fee*** |
| ***1*** |  |  |

**V**

**Verification / Information of the Student:**

a). It is certified that the information filled in the above mentioned columns in respect of Mr./Mtr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/o, D/o: Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

R/o: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is admitted in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course for the academic session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in this Institution is correct.

b) He/She is a Hosteller/Day Scholar:-

c). It is also certified that all the attested documents with the form has been verified/and are genuine.

d). It is also certified that as per my knowledge student has not applied for only other scholarship from this Institution.

***Signature***

***Name:-***

***Designation:-***

***Contact detail:-***

***Valid e-mail:-***