

Category-I: For student with Disabilities belonging/state subjects of North-East India states, i.e. Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura



**BHARTI INFRATEL SCHOLARSHIP PROGRAM
APPLICATION FORM
(Category-I)
Session: 2020-21**

Paste a colored passport sized photograph here

Note: LATE, INCOMPLETE APPLICATION WILL BE IMMEDIATELY REJECTED

✓ **The applicable box wherever necessary**

The state of North East India to which you belong:

| Arunachal Pradesh | Assam | Manipur | Meghalaya | Mizoram | Nagaland | Sikkim | Tripura |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part-I
(Applicant Summary)**

1. Name of the candidate:

First Name

Middle Name

Last Name

Gender: Male Female Others

Date of Birth (As per Birth Certificate/ High School Leaving Certificate):

Age (as on 1st Jan 2020): years months days

Mother Tongue: Other Languages Known:

Nationality: Aadhar No.:

2. Details of Disability:

Visual

- a) Blindness
- b) Low Vision

Physical

- a) Locomotor disability
- b) Leprosy cured person
- c) Dwarfism
- d) Muscular Dystrophy
- e) Cerebral Palsy
- f) Acid Attack Victim

Hearing

- a) Deaf
- b) Hard of hearing

Intellectual Disability

- a) Intellectual Disability
- b) Specific Learning Disability
- c) Autism Spectrum Disorder

Speech and Language Disability

Mental Illness

Disability due to chronic neurological conditions

- a) Multiple Sclerosis
- b) Parkinson's Disease

Blood Disorders

- a) Thalassemia
- b) Haemophilia
- c) Sickle Cell Disease

Multiple Disabilities

- a) Deaf Blindness

Percentage (%) of Disability as per Disability Certificate:

Disability Certificate issued by:

Unique Disability ID Number (UDID):

Are you using any assistive devices? Yes No

If yes, select from the list below:

- Wheelchair
- Scooter
- Cane
- Prosthesis
- Orthotic Device
- Hearing Aid
- Others

If your disability is visual, have you engaged a scribe? Yes No

If Yes, amount paid every month Rs.

Do you suffer from multiple disabilities? Yes No

If yes, disclose different disabilities here

.....

3. Educational Qualifications:

a) Last examination passed

- Matriculation/ Class 10th
- Higher Secondary/ Class 12th
- Graduation
- Post-Graduation
- Others

Percentage (%): Class/Division:

Name of the school/college from where last examination appeared/ passed:

.....

Board:

b) Details of all examinations/qualifications:

| Sl. No | Examination Passed | Name of the Institution | Year of completion | % Marks Obtained/ CGPA | Class/ Division | Fulltime/Part-Time/Correspondence |
|--------|------------------------------|-------------------------|--------------------|------------------------|-----------------|-----------------------------------|
| 1 | Class 10 th /HSLC | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Did you dropout from any institute/school at any point during the course?

Yes No

If Yes, Fill in the details below:

Name of the course:

Year of discontinuation:

Name of the school/educational institution:

Reason for dropping out/ discontinuation:

.....

Name & Phone Number of the Head of the Institution:

.....

Have you undergone any skill training course? Yes No

If yes, fill in the details below:

Skill Training Course Name:

Institute:

Duration: Year of Admission:

Year of Completion: Course Fee, If any:

4. Contact Details and Address

a) Address for Communication

Address Line 1: House Number / Colony/ Lane:

Address Line 2: Village / Ward:

Address Line 3: Gram Panchayat / Town:

Address Line 4: District:

Address Line 5: State:

Address Line 6: Post Office: Pin Code:

b) Permanent Address

Address Line 1: House Number / Colony/ Lane:

Address Line 2: Village / Ward:

Address Line 3: Gram Panchayat / Town:

Address Line 4: District:

Address Line 5: State:

Address Line 6: Post Office: Pin Code:

Email id:

Phone/ Mobile Number:

Primary Mobile Number:

Alternate Mobile Number 1:

Alternate Mobile Number 2:

**PART-II
(Family & Income)**

5. **Father's Name:**

Mobile No:

Occupation/Source of Income:

Annual Income:

6. **Mothers Name:**

Mobile No:

Occupation/Source of Income:

Annual Income:

7. Any other source of income of the household:

8. Total Annual Household Income:

- Below 1 Lakh
- Below 2 Lakh
- Between 2-4 Lakhs
- Between 4-6 Lakhs

9. Number of Siblings (Brother/Sister), if any Brothers Sisters

If in your family, there are persons with disability other than you, fill in the details below:

| Sl. No. | Name of the Person | Relationship | Age | Type of Disability |
|---------|--------------------|--------------|-----|--------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

10. Does your family possess a BPL (Below Poverty Line) Card? Yes No

If Yes, Provide BPL Card No.....

11. Are you employed or earning some income? Yes No

If Yes, Fill the details below:

Source of Income: Annual Income:

Part-III

(Details of the course of study scholarship applied for)

1. Type of course: Academic (Higher Secondary, Graduation, Post-Graduation etc.)
 Professional

Name of the course:

Field/Specialization:

Full Time Correspondence Distance Learning Executive

Day Scholar/Hosteller:

Duration of the course in Years: Total Number of Semesters:

Name of the Institute:

Address:

.....

Email: Website:

Contact No.: Name of the Principal.....

Name of Head of Department (if applicable):

Affiliation:

2. Are you pursuing/yet to apply/have applied for admission/drop-out?

Pursuing Yet to Apply Applied for admission Drop-out

If pursuing, which year/semester are you currently in:

Roll No.: Year of Admission in the course:

Year of completion of course:

3. **Details of Course Fees:** Course Fees paid: Per Annum Per Semester

| Sl. No. | Fee Details | Fees Amount (Rs.) |
|---------|-----------------|-------------------|
| 1 | Admission Fee | |
| 2 | Tuition Fee | |
| 3 | Examination Fee | |
| 4 | Other Fee | |
| 5 | | |

Total School/Institution Fee: Rs.

Note: The fees details mentioned here will be verified from the college authorities and the course prospectus.

4. Have you received any fee waiver from the institute? Yes No

If Yes, specify details:

**Part-IV
(Declaration)**

1. From where did you hear about the **Bharti Infratel Scholarship Program**?

Shishu Sarothi Website

NGOs

College Institute

Newspaper

Facebook /Twitter/Instagram

Family/Friends

TV News/Radio

Existing scholar of BISP

Others,
.....

2. Have you applied for the scholarship under **Bharti Infratel Scholarship Program**, prior to this?

Yes

No

If Yes, were you selected?

Yes

No

If Yes, mention the year:

Course for which scholarship received:

College/Institute:

Result (Class/Division): Percentage:

3. Are you receiving any other scholarship for your course of study? Yes

No

If Yes, Fill in the details below:

Name of Scholarship:

Amount of Scholarship: Rs.

4. Is the form being filled by the applicant themselves? Yes

No

If No, please mention name of the person doing it,

Mr/Ms

Mobile Number:

Email:

Do you agree to be a corresponding contact point on behalf of the applicant?

Yes

No

If Yes, Sign here

I/We, hereby declare that the information furnished above is correct and true to the best of my/our knowledge and based on records. I possess all supporting documents and evidence to justify the same.

If awarded I/we also agree to abide by the Rules & Regulations, Procedures, and Terms & Conditions of the Bharti Infratel Scholarship Program.

Place:

Date:

Signature/Thumb impression of the applicant

Part-V
(Enclose Photo, Supporting Documents)

1. Passport sized colour photo
2. ID Proof: Voter Card/Passport/Driving License
3. Aadhar Card
4. Disability Certificate
5. BPL Card, if any
6. Income Certificate
7. Class 10th/HSLC Marksheet
8. Class 12th/Higher Secondary marksheet
9. Pass Certificate/Marksheet of Graduation Examination, if any
10. Pass Certificate /Marksheet of Post-Graduation Examination, if any
11. Admission receipt of the course of current semester, if applicable
12. Marksheet of the last semester appeared

Application with all testimonials / documents is to be submitted / sent to:

To,
The Executive Director
Shishu Sarothi
Centre for Rehabilitation & Training for Multiple Disability
Off Ramkrishna Mission Road, Birubari
Guwahati - 7810 16, Assam
Tel: 0361 2470990 / 2478912 / 9207049810

OR,

You may also, scan the application and email it to applicationforbisp@gmail.com