

**APPLICATION FORM FOR CLAIMING WARDS/ SCHOLARSHIPS/ STIPENDS/  
INCENTIVE/PHYSICALHANDICAPPED / MENTALLY RETARDED CHILDREN**

From : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated : \_\_\_\_\_

To,  
The Secretary,  
Department of Sainik Welfare,  
**Panaji, Goa.**

1. Identity Card No. \_\_\_\_\_ dated \_\_\_\_\_  
(Dept. of Sainik Welfare, Goa only)

2. No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

Account No. \_\_\_\_\_ Name of Bank & Address \_\_\_\_\_

3.	<u>Income details</u>	<u>Occupation</u>	<u>Annual Income</u>	<u>Remarks</u>
(a)	Father	_____	_____	_____
(b)	Mother	_____	_____	_____

4. Name of the Ward \_\_\_\_\_ Relation with Ex-Servicemen (Son/Daughter) upto 25 years for Post Graduate /Professional/ Technical Courses.

5. Date of Birth : (xerox copy) \_\_\_\_\_ (age on date) \_\_\_\_\_

6. Name and Address of the School/College/Institution studying \_\_\_\_\_

7. Class/Course passed : \_\_\_\_\_

8.	<u>Standard</u>	<u>Aggregate % of mark</u>
(a)	IXth & Xth	_____
(b)	XIth & XIIth	_____
(c)	Degree (B.Sc, B.A., B.Com. etc.	_____
(d)	Post Graduate (M.Com, M.Sc, M.A. etc)	_____
(e)	Diploma (Mech/Electrical/Civil Engineering etc.	_____
(f)	ITI, Dietetics/Office Mgt. Nursing etc.	_____
(g)	TDC Post to III (Science & Arts)	_____
(h)	Professional Courses (MBBS/BDS/ Engineering/B.Arch/B.Pharm etc.)	_____
(i)	Physically Handicapped/Mentally Retarded Children	_____

I hereby solemnly declare that all information given above is true to the best of my knowledge and that nothing has been concealed. I understand that I shall forfeit any claim for any assistance from Dept. of Sainik Welfare, Goa in the future if found incorrect. I do solemnly declare that my above child is not in receipt of any scholarship for the courses of study mentioned above from other sources.

Signature \_\_\_\_\_

Signature of Ward \_\_\_\_\_

Name : \_\_\_\_\_

Name of Ward : \_\_\_\_\_

Rank : \_\_\_\_\_

**COUNTERSIGNED**

Certified that (name) \_\_\_\_\_ is/was studying in School/College \_\_\_\_\_ and his/her date of birth / age as per documents is \_\_\_\_\_ he/she is not claiming / claimed any financial assistance from this Institution.

Signature of Head of Institution

Name in Block letter :

Date :

Address :

Seal of Office :

**NOTE**

1. Application will be submitted by the ESM alongwith the attested copies of the following documents within two month of declaration of the results :-

- (a) Mark Sheet
- (b) Birth certificate / Date of birth proof of the wards of the ESM
- (c) Domicile certificate of the parents if they are domiciled in the State of Goa or in case of domicile certificate has already been produced to this Department last year, then the residence certificate from the concerned Panchayat/Municipality be produced for the current year.
- (d) In case, if ESM is of Goan origin, the proof thereof.

2. Incomplete applications/application received after due date will be rejected without further correspondence.