

**Terms and conditions for providing "SAHANUBHUTI" scholarship for students with disabilities
(Class IX and above)
(2025-2026)**

Applications are invited from the eligible students having disabilities in the prescribed form for availing the benefit of "SAHANUBHUTI" scholarships for students with disabilities (Class IX and above) provided by Mass Education Extension & Library Department for the year 2025-26. Only the students of Visually Impaired, Hearing Impaired, Orthopedically Handicapped and Mentally Impaired (40% or above) can apply for this scholarship subject to the following conditions.

1. Copy of disability certificate issued by appropriate authority should be attached with the application form.
2. The annual family income of the applicant's should not exceed Rs.2 lakhs. Applicants have to mention the bank account number and IFSC Code in the application form.
3. Applicants required to be obtained at least 40 (forty) percent marks in the final examination of last academic Year of the preceding class.
4. Students of Music/ Vocational courses recognized by State/ Central Government or recognized Educational Institutes, training or apprenticeship in industrial institutes are also eligible for this scholarship.
5. Duly filled in application form along with necessary documents is required to be submitted to the college office on any working day on or before 24/11/2024
6. Those who have received any kind of scholarship provided by the Central/ State Government during this year cannot apply in this case.
7. For further any information, applicants may contact with the office of the concerned District Mass Education Extension Officer.

for circulation
AD
14/11/25

**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: _____

"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)