To,
The Director,
Directorate of Education,
Porvorim - Goa

Sub: - Pre-matric Scholarship to SC & OBC Students under (Saral Vidhyah Sahaya) Scheme for Vth to Xth Students.

Sir/ Madam,

The Directorate of Social Welfare is implementing the above mentioned scheme under which stipend is provided to the SC and OBC students studying from Std. V to X.

It is informed to the Head of the Education Institutions that applications of Pre-matric Scholarship of SC/OBC Students for fresh & Renewal should be obtained at the time of admission with requisite documents, Caste Certificate, Income Certificate, Passing Marksheet, Aadhar Card, Bank Account of students, shall be submitted to this Directorate along with the details of the students given in the enclosed proforma in the form of Hard copy as well as Soft copy compulsorily failing which applications will not be entertained.

In case of Renewal applications, Income Certificate is to be enclosed valid for three years for SC & OBC and Caste certificate in case of OBC community is to be enclosed valid for 3 years from the date of issue. Family income should not exceed more than Rs.2.50 lakhs for OBC and Rs.2.00 Lakhs for SC under Pre-matric scholarship. Rs 2.50 lakhs for Pre Matric scholarship for SC students studying in class IX & X. Kindly forward G.A.R. 33 along with Bank details of the students (meritorious & stipend students separately) duly signed and stamped along with the application form.

It is advisable that the Educational Institution nominates a Nodal Officer to create awareness of the scheme in the institution and to ensure that maximum students who are entitled to the benefits of the scheme apply to avail the scheme and for ensuring the submission of forms/documents specified within the given period.

Stipend students below 50% & Meritorious students above 50%

Applications should reach this Directorate on or before 30th Sept. 2019 positively duly completed in all respect & supported with all the documents prescribed under the Scheme.

Incomplete applications will not be entertained. The students applying under Pre-matric Scholarship may kindly be intimated to open a Saving account in any Nationalized Bank as the amount of Scholarship will be directly credited to the Bank Account of the students.

Encl: - 1. Application forms (Fresh & Renewal).
2. Proforma.
3. Form G.A.R -33 each separate for SC & OBC students (50 students 1 G.A.R.33 form along with duplicate), Affix revenue stamp on G.A.R 33 for Rs.5000/- & above.

(Dr. Parag Nagarencenkar)
Ex-Officio Joint Secretary

(Prag Nagarencenkar)
Director of Social Welfare &
Joint Secretary

Date: 28/06/2019
APPENDIX-1

Government of Goa

Application form for the grant of Stipend to the Scheduled Castes and Other Backward Classes for the year 2019-20

Fresh/Renewal

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of the Student in full (in block letters) (Surname first/ Name/father)</td>
</tr>
<tr>
<td>2</td>
<td>Sex</td>
</tr>
<tr>
<td>3</td>
<td>Full postal Address</td>
</tr>
<tr>
<td>4</td>
<td>Name of community which belongs</td>
</tr>
<tr>
<td>5</td>
<td>Name and address of father (Surname first/ Name/father)</td>
</tr>
</tbody>
</table>
| 6 | a) Profession of parents/guardian  
   b) Income certificate, annual income of both the parents/guardian from all sources.  
   c) Caste certificate of the student (valid for 3 years in case of OBC community) |
| 7 | Details of Bank Account of the student  
i) Name of the Bank  
ii) Branch/Address of the Bank  
iii) Account Number (copy of Pass Book)  
v) MICR Code No  
v) Aadhar card No |
<p>| 8 | No. of School going children excluding the scholar who receives the stipend from the Directorate of Social Welfare. |
| 9 | Class and name of the school in which the applicant was studying last year. |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 10 | Have you received stipend during the last year  
   a) If yes, give details  
   b) The std. In which stipend was received and year of receiving  
   c) The amount paid |
| 11 | Are you in receipt of scholarship/Stipend from any other agency? |
| 12 | If yes, give details  
   a) Name of the scheme under which stipend/scholarship is granted  
   b) Name and address or agency who grants the said stipend/scholarship. |
| 13 | Documents to be attached:  
   i) Caste certificate issued by Sub-Divisional Magistrate  
   ii) Income certificate issued by V.P Secretary. |

13. I hereby declare:-

1) That I shall not accept emoluments/stipend or any other financial assistance or grant in any form whatsoever except the grants of Uniforms, books and stationery and exemption from tuition fees from any other sources during the tenure of this stipend/scholarship, if awarded under the above scheme.

OR

That I am in receipt of assistance as specified under item No.10 and in the event award of scholarship. I Undertake to refund it, from the month of scholarship is payable to the sources from where I have received it and during the tenure of scholarship awarded. I shall not receive any grant in any form whatsoever, except the grant Uniforms, books and stationery and exemption from tuition fees.
2) That the statements made in the application are true to the best of my knowledge and belief and no material information having a bearing on selection has been cancelled or withheld.

3) That I undertake to abide by the rules and regulations governing award of stipend.

Place:________________________
Date:________________________ Signature of Parent / Guardian.

PART—II

(To be filled in by the Head of the Institution)

<table>
<thead>
<tr>
<th></th>
<th>Name and address of the School/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Class in which the applicant is studying</td>
</tr>
<tr>
<td>3</td>
<td>Medium of Instruction</td>
</tr>
<tr>
<td>4</td>
<td>Percentage of marks obtained in last annual examination</td>
</tr>
<tr>
<td>5</td>
<td>Class in which the applicant was studying previous year</td>
</tr>
<tr>
<td>6</td>
<td>I hereby declare that the information given by the applicant in (Appendix-I) with regards to item No. 1,2,3,7,8,9,10,11 has been checked and found correct and is true to me best of my knowledge and belief.</td>
</tr>
</tbody>
</table>

Place:________________________
Date:________________________ Signature of the Head of the Institution With Office / Seal.
<table>
<thead>
<tr>
<th>Sr No</th>
<th>Name of School</th>
<th>Name of the Student</th>
<th>Address of the Student</th>
<th>Sex</th>
<th>Std</th>
<th>Merit</th>
<th>Total Amount</th>
<th>Bank Name &amp; Branch</th>
<th>Acc No</th>
<th>Adhar No</th>
<th>IFSC No</th>
<th>MICR</th>
<th>Contact No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sr No</th>
<th>Name of Student</th>
<th>Bank Name &amp; Branch</th>
<th>Account No (15 Digit)</th>
<th>Adhar No</th>
<th>MICR</th>
<th>IFSC No</th>
<th>Contact No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sr No</th>
<th>Name of the Student</th>
<th>Pincod</th>
<th>Address of the Student</th>
<th>Village</th>
<th>Ward</th>
<th>Town</th>
<th>District</th>
<th>State</th>
<th>Bank Name &amp; Branch</th>
<th>Branch Name</th>
<th>IFSC Code</th>
<th>MICR No</th>
<th>Contact No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Talgaonkar Dixita Kashinath</td>
<td>403709</td>
<td>Central Bank of India, Rai</td>
<td>403709</td>
<td>Unjivi - Salcete, South Goa</td>
<td>Holly Cross High School Raia</td>
<td>IX</td>
<td>CAIB02807234424</td>
<td>CBIN02807234424</td>
<td>2017-2018</td>
<td>98</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Holly Cross High School Raia</td>
<td>403709</td>
<td>Central Bank of India, Rai</td>
<td>403709</td>
<td>Unjivi - Salcete, South Goa</td>
<td>Holly Cross High School Raia</td>
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<td>CAIB02807234424</td>
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<td>403709</td>
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<td>IX</td>
<td>CAIB02807234424</td>
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<td>23</td>
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<td>5</td>
<td>Holly Cross High School Raia</td>
<td>403709</td>
<td>Central Bank of India, Rai</td>
<td>403709</td>
<td>Unjivi - Salcete, South Goa</td>
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<td>IX</td>
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<td>CBIN02807234424</td>
<td>2017-2018</td>
<td>98</td>
<td>23</td>
<td></td>
</tr>
</tbody>
</table>
G.A.R. 33
(See Rule 145)
BILL FOR SCHOLARSHIP

Bill No...........................................
Head of Account..............................

STO Code No..................................
DDO Code No.................................
Demand No....................................

Bill for Scholarship tenable at Panaji College/School:

during the month of..........................................

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Year of award</th>
<th>Kind of scholarship or stipend</th>
<th>Name of the scholarship or stipend holder</th>
<th>Monthly value of scholarship</th>
<th>No. of days for which drawn</th>
<th>Amount drawn</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2019-20</td>
<td>Prematric Scholarship to SC/ST</td>
<td>Students</td>
<td></td>
<td></td>
<td>Rs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Students</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Deduct balance undisbursed from last month .................................................................

Balance due Rs............................../- (Rupees:......................................................)

I hereby certify that the Scholarship or stipend holder name in this bill have been regular in attendance and have confirmed to the rules under which their scholarship or stipend are tenable.

Certified also that the scholarship or stipends drawn on the last bill with exception of those refunded by deduction, have been paid to the proper persons and their receipts taken in acquaintance rolls kept in my office.

Principal/Manager ..........................................................

College/School..........................................................
For the use of Departmental Office

Bill No...................................................... Dated......................................................

Head of account

Received a sum of Rs........................................ [Rupees........................................ only]
being the amount sanctioned the ..........................................................
No.......................................................... dated..................................................... (copy enclosed)

Signature..........................................................
Designation......................................................
Stamp of office..................................................

Exchanged
Treasury Accountant......................................... Pay Rs..................................................
Dated..........................................................
Treasury office..................................................

For Use in Accountant General Office

Admitted Rs..................................................
Objected Rs..................................................
Reason for objection ........................................

AUDITOR
SUPERINTENDENT
GAZETTED OFFICER