

NCPEDP - Bajaj Finserv Scholarship Program for Students with
Disabilities
Application Form
2022-2023

Affix a recent coloured passport-size photograph

Category:- For students with disabilities from Uttar Pradesh and Maharashtra who are pursuing or willing to pursue Higher Education (Undergraduate / Professional course at the graduation level)

Note: Please send in your application latest by on or before Sunday, 15th January.

1. Basic Information:

Full Name of the Applicant (As on Government Id and School Certificate)

First Name

Middle Name

Last Name

Father's/ Guardian's Name:- _____

DD	MM	YYYY
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Date of Birth (As per Birth Certificate / School Leaving Certificate):-

Age (As on 1st July 2022):- _____

Gender:- Male ☐ Female ☐ Third Gender ☐

Mother Tongue:- _____

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Aadhar Number:-

2. Details of Disability (As per Disability Certificate)

Visual:- Blindness ☐ Low Vision ☐

Hearing:- Deaf ☐ Hard of Hearing ☐

Physical Disability:- Locomotor Disability ☐ Leprosy Cured Person ☐ Dwarfism ☐
Muscular Dystrophy ☐ Cerebral Palsy ☐ Acid Attack ☐

Intellectual Disability:- Intellectual ☐ Specific Learning Disability ☐ Autism
Spectrum Disorder ☐ Speech and Language Disability ☐ Mental Illness ☐

Disability due to Chronic Neurological Conditions:- Multiple Sclerosis ☐
Parkinson's Disease ☐

Blood Disorders:- Thalassemia ☐ Haemophilia ☐ Sickle Cell Disease ☐

Multiple Disabilities:- Deaf-Blindness ☐ Other ☐

If other, please specify here _____

Do you use any Assistive Devices:- Yes ☐ No ☐

If yes, please specify here:- _____

Extent (%) of Disability:- _____

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

If yes, the amount paid every month in INR:- _____

3. **Education Details:-**

Pursuing (Specify the course and in which year):-

Course Name:- _____

Year/Semester:- _____

Name of College/Institute and Address:- _____

_____ State _____ Pin Code _____

Name of the Head of College/Institution:- _____

Type of Institution:- Central University ☐ Private University ☐ State University ☐ Deemed
University ☐

Website of the College/Institute:- _____

Last Examination Passed:- _____

Division:- _____

Percentage/CGPA:- _____

Name of Institute and Address:- _____

Board:- _____

Did you drop out of any school during your school education? Yes ☐ No ☐

If yes, please provide the following details:-

Name of the course:- _____

Year of discontinuation:- _____

Name of the School/Institution:- _____

Reason for dropping out/discontinuation:- _____

4. *Scholarship Applied For* (Name of the Course):-

Pursuing:- Yes ☐ No ☐

If yes, provide the following details:

Name of Institute:- _____

Name of Head of Institution:- _____

Enrolment No:- _____

Year of Admission:- _____ Year of Completion:- _____

State:- _____

Website:- _____

Complete Address of the Institute:- _____

_____ State _____ Pincode _____

Have Applied for Admission:- Yes ☐ No ☐

If yes, provide the following details:

Name and Address of Institute:- _____

_____ State _____ Pincode _____

Course applied for (specify which session):- _____

5. *Contact Details of the Applicant*

Email ID:- _____

Phone Number:- _____

Alternate Phone Number:- _____

Mailing Address:- _____

_____ State _____ Pincode _____

Permanent Address:- _____

_____ State _____ Pincode _____

Please mention the total fees of the course (Pursuing or Applied) in the following format:

Structure of fee payment: Annual ☐ Semester-wise ☐ Other ☐

If other, please specify:- _____

Total Fees (INR):- _____

6. Family Income Details:

Father's Occupation:- _____

Annual Income (INR):- _____

Mobile Number:- _____

Mother's Occupation:- _____

Annual Income (INR):- _____

Mobile Number:- _____

Any other Source of Income (including you): Yes ☐ No ☐

If yes, give details of the source and annual income:- _____

Total Annual Household Income (please tick in the checkbox)

Less than 1 lakh ☐

Less than 2 Lakhs ☐

Between 2-5 lakhs ☐

Number of siblings:- _____

Brothers:- _____ Sisters:- _____

Any other person with disability in the family? Yes ☐ No ☐

If yes, please provide the following details:

S. No	Name	Relationship	Age	Type and extent (%) of Disability

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Any other dependent on the earning member: Yes ☐ No ☐

If yes, provide the following details:

S. No	Name	Relationship	Age	Reason

Please provide BPL (Below Poverty Line) card number, (If available):- _____

IMPORTANT:

Please enclose the following Documents:- All are Mandatory, except BPL card (Enclose if Available).

- Enclose Disability Certificate and Aadhar card copy.
- Enclose Income Certificate and BPL card(if available).
- ID Proof: Voter Card/Passport/Driving License/Aadhar
- Marksheet of Higher Secondary/or last examination passed
- Please enclose the Course prospectus/Notice/Notification clearly disclosing the fee details.
- Birth Certificate/ School Leaving certificate
- Please enclose an application letter in not more than 200 words, explaining why you deserve this scholarship.

Note:

- The fee details mentioned here will be verified from the college authorities and the course prospectus.
- Scholarship will be allocated on the basis of the actual course fees/ Assistive devices cost/ transport cost upto 1 lakh (including all)
- Scholarship benefit will be applicable to the selected scholar/s only subject to verification. Any fee/s paid by the selected scholars for the session current session (2022- 2023) will be reimbursed subject to and submission of fee Payment receipt of the course/ current semester.
- Incomplete Applications and /or Applications with invalid/false supporting documents will be immediately rejected.

Declaration:



I, hereby declare that the information furnished above is correct and true to the best of my knowledge and based on records. I possess all supporting documents and evidence to justify the same. If awarded I also agree to abide by the Rules & Regulations, Procedures, and Terms & Conditions of the project.

Place:

Date:

Signature of the Applicant/ Guardian