



GOVERNMENT OF WEST BENGAL

Office of the District Mass Education Extension Officer, Dakshin Dinajpur

Zilla Siksha Bhawan (1st Floor), PO-B.T.Park, P.S- Balurghat, Dakshin Dinajpur-733103

E-mail – dmeeo.ddinajpur@gmail.com

Memo No: 188 (23) /DMEEO/DD

Date: 27/11/24

From: District Mass Education Extension Officer
Dakshin Dinajpur

To:

1. The Principal, Balurghat College
2. The Principal, Balurghat Mahila Mahavidyalaya
3. The Principal, Nathaniel Murmu Memorial College, Tapan
4. The Principal, Jamini Majumder Memorial College, Patiram.
5. The Principal, SBS Govt. General Degree College, Hili.
6. The Principal, Gangarampur College.
7. The Principal, Kumarganj College.
8. The Principal, Agricultural College, Uttar Banga Krishi Viswa Vidyalaya, College. Majhian, Balurghat.
9. The Principal, Harirampur Dewan Abdul Gani College.
10. The Principal, Kushmandi Govt. General Degree
11. The Principal, Hili Polytechnic College
12. The Principal, Gangarampur Polytechnic College.
13. The Principal, Balurghat Law College.
14. The Principal, Balurghat B.Ed College.
15. The Principal, Gangarampur B.Ed College.
16. The Principal, Buniadpur Mahavidyalaya.
- 17-23. The Principal, Industrial Training Institute, Balurghat/Hili/Tapan/Kumarganj/Bansihari/ Kushmandi/ Harirampur.

Subject: Circulation of application forms for scholarship to disabled students of Class-IX & above.

Sir/Madam,

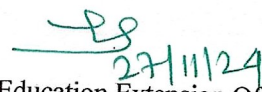
With reference to the subject, the undersigned is to inform you that, the Directorate of Mass Education Extension, Government of West Bengal have published a notice for awarding scholarship to disabled students of class-IX & above for the financial year 2024-25. In this connection the undersigned is sending herewith the application forms of scholarship, copy of the advertisement published and proforma of income certificate. You are requested to circulate the forms so that all eligible disabled students can be benefitted by the scholarship.

Application forms can also be downloaded from the official website of this department i.e <https://meels.wb.gov.in/advertisements/>. Last date of submission of Forms is 27.12.2024

Filled up forms along with all supporting documents can be submitted to the EOMEE/LEOMEE of the concerned Block or directly to the office of the undersigned.

Thanking You,

Encl: As stated

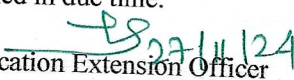

27/11/24
District Mass Education Extension Officer
Dakshin Dinajpur

Date: 27/11/24

Memo No. 188 (23) / (4) / DMEEO/DD

Copy Forwarded for information to:

1. The Additional District Magistrate (Dev), Dakshin Dinajpur
2. The Registrar, University of Gour Banga
3. The Registrar, Dakshin Dinajpur University
4. The EOMEE/LEOMEE of the concerned Block with a direction to collect the properly filled up forms with requisite documents from candidates and submit the same to office of the undersigned in due time.


27/11/24
District Mass Education Extension Officer
Dakshin Dinajpur

**Terms and conditions for providing scholarships for students with disabilities in
the academic year 2024-25
(Class IX and above)**

Applications are invited from the eligible students having disabilities in the prescribed form for availing the benefit of **scholarships for students with disabilities (Class IX and above)** provided by Mass Education Extension & Library Department for the academic year 2024-25. 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. The duly filled in application form along with necessary documents is required to be submitted to the office of the concerned District Mass Education Extension Officer in any working day before **27/12/2024**.
6. Those who have received a similar scholarship provided by the State/Central Government during this academic 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.

Mass Education Extension and Library Services,
Government of West Bengal

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)

২০২৪-২৫ শিক্ষাবর্ষে প্রতিবন্ধী ছাত্র-ছাত্রীদের স্কলারশিপ প্রদান সংক্রান্ত শর্তাবলী
(নবম শ্রেণী ও তদূর্ধ্ব)

২০২৪-২৫ শিক্ষাবর্ষে জনশিক্ষা প্রসার অধিকার কর্তৃক প্রদেয় স্কলারশিপের জন্য নির্ধারিত ফর্মে দরখাস্ত আহ্বান করা হচ্ছে। কেবলমাত্র দৃষ্টি-প্রতিবন্ধী, শ্রবণ-প্রতিবন্ধী, অঙ্গি সংক্রান্ত প্রতিবন্ধী এবং মানসিক প্রতিবন্ধীরা (৪০% বা তদুর্ধ্ব) নিম্নলিখিত শর্ত সাপেক্ষে এই স্কলারশিপের জন্য আবেদন করতে পারেন।

- ক) যথোপযুক্ত কর্তৃপক্ষ কর্তৃক প্রদত্ত প্রতিবন্ধকতা বিষয়ক শংসাপত্রের অনুলিপি আবেদন পত্রের সাথে সংযোজন করতে হবে।
- খ) দরখাস্তকারীর পিতা-মাতা/অভিভাবকের যৌথ পারিবারিক বার্ষিক আয় অনধিক ২ লক্ষ টাকা হতে হবে। ছাত্র-ছাত্রীদের ব্যাঙ্কের অ্যাকাউন্ট নম্বর এবং IFSC Code আবেদন পত্রে উল্লেখ করতে হবে।
- গ) অব্যবহিত পূর্বের শ্রেণীর চূড়ান্ত পরীক্ষায় কমপক্ষে ৪০ (চল্লিশ) শতাংশ নম্বরের পেতে হবে।
- ঘ) মিউজিক/ভোকেশনাল কোর্সের ক্ষেত্রে রাজ্য/কেন্দ্রীয় সরকার বা স্বীকৃত শিক্ষা প্রতিষ্ঠান, শিল্প প্রতিষ্ঠানে ট্রেনিং বা অ্যাপ্রেন্টিসশিপও এর অন্তর্ভুক্ত।
- ঙ) আবেদন পত্র যথাযথভাবে পূরণ করে প্রয়োজনীয় কাগজপত্র সহ ২৭/১২/২০২৪ - এর মধ্যে যে কোন কাজের দিনে সংশ্লিষ্ট জেলা জনশিক্ষা প্রসার আধিকারিকের কার্যালয়ে জমা করতে হবে।
- চ) রাজ্য/কেন্দ্রীয় সরকার প্রদত্ত অনুরূপ স্কলারশিপ এই অর্থবর্ষে পেয়ে থাকলে এই ক্ষেত্রে আবেদন করতে পারবেন না।
- ছ) এই বিষয়ে কিছু জ্ঞাতব্য থাকলে সংশ্লিষ্ট জেলা জনশিক্ষা প্রসার আধিকারিকের কার্যালয়ে যোগাযোগ করা যাবে।

জনশিক্ষা প্রসার ও গ্রন্থাগার পরিষেবা বিভাগ
পশ্চিমবঙ্গ সরকার

**MASS EDUCATION EXTENSION DIRECTORATE
GOVERNMENT OF WEST BENGAL
APPLICATION FORM
SCHOLARSHIP FOR THE STUDENTS WITH DISABILITIES (2024-2025)
(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:

Date:

(Signature of the Head of the Institution with Seal)