

**RENEWAL OF SCHOLARSHIP TO PHYSICALLY HANDICAPPED STUDENT  
DURING \_\_\_\_\_**

1. Name & Address of the students :  
in full with block letters.
2. Nature of handicapped whether blind, deaf :  
and dumb or orthopaedically handicapped.
3. Course of study for which the student has :  
joined the school with date of joining.
4. Duration of the course. :
5. Class read by the student during 200\_\_with :  
date of joining.
6. Date of termination of the course. :
7. Whether the attendance of the scholar :  
is regular/irregular.
8. Whether the conduct of the scholar is :  
satisfactory unsatisfactory.
9. Conduct and progress of the student during :  
200\_\_ with annual progress report (attested  
marksheet of the year 200\_\_; utilisation  
certificate should be enclosed).
10. State whether the last examination was a :  
promotion/Board/University, etc.
11. Please state if the student is in receipt of :  
financial assistance from any other source,  
if so, name of the source, the amount per  
month any other details may be indicated.
12. Whether the student is a Hosteller or a day :  
scholar.

13. Whether the student still study in your School or has join other School, if so, an attested copy of transfer certificate should be enclosed and indicate the new joined Institution/School. :
14. Recommendation of the School :
15. Any other Remarks :

Signature of the Head  
of Institution with Seal