Category-II: For students with disabilities, who do not belong to North-East but are studying in institutes/colleges recognized by Government of India as Institute of National Importance (INIs), located in North-East India







BHARTI INFRATEL SCHOLARSHIP PROGRAM APPLICATION FORM

(Category-II) Session: 2020-21 Paste a colored passport sized photograph here

Session: 2020-21 pnotograph nere							
Note: LATE, INCOMPLETE APPLICATION WILL BE IMMEDIATELY REJECTED							
✓ The applicable box wherever necessary							
Which state	of India do y	ou belong to	?	• • • • • • • • • • • • • • • • • • • •			
The state in North East India where you are undertaking your study:							
Arunachal	Assam	Manipur	Meghalaya	Mizoram	Nagaland	Sikkim	Tripura
Pradesh							
Which India	n Institute of	National Im	portance (INIs) are you stud	dying in?		
Which Indian Institute of National Importance (INIs) are you studying in? Arunachal Pradesh 1. National Institute of Technology (NIT), Yupia							
Assam 1. Indian Institute of Technology (IIT), Guwahati 2. National Institute of Design (NID), Jorhat 3. National Institute of Pharmaceutical Education and Research (NIPER), Guwahati 4. National Institute of Technology (NIT), Silchar 5. Indian Institute of Information Technology, Guwahati							
Manipur							
1. Indian Institute of Technology (IIT), Imphal							
National Institute of Technology (NIT),Imphal Meghalaya							
1. Indian Institute of Management (IIM), Shillong							
2. National Institute of Technology (NIT), Shillong							
Mizoram 1. National Institute of Technology (NIT), Aizawl Nagaland 1. National Institute of Technology (NIT), Dimapur							

Sikkim	
1. National Institute of Technology (NIT), Rava	ingla
Tripura	
1. National Institute of Technology (NIT), Agar	tala
2. Indian Institute of Information Technology, C	Guwahati
If the above list doesn't include the name of your institut	re, write it in the space below
	State
Part-I	
(Applicant Sun	nmary)
1. Name of the candidate:	
First Name	
Middle Name	
Last Name	
Gender: Male Female Others	
Date of Birth (As per Birth Certificate/ High School Leavin	g Certificate): D D M M Y Y Y Y
Age (as on 1st Jan 2020): years	months days
Mother Tongue: Other L	anguages Known:
Nationality: Aadhar	No.:
2. Details of Disability: Visual	Hearing
a) Blindness	a) Deaf
b) Low Vision	b) Hard of hearing
Physical Physical	Intellectual Disability
a) Locomotor disability	a) Intellectual Disability
b) Leprosy cured person	b) Specific Learning Disability
c) Dwarfism	c) Autism Spectrum Disorder
d) Muscular Dystrophy	Speech and Language Disability
e) Cerebral Palsy	Mental Illness
f) Acid Attack Victim	
Disability due to chronic neurological conditions	Blood Disorders
a) Multiple Sclerosis	a) Thalassemia
b) Parkinson's Disease	b) Haemophilia
	c) Sickle Cell Disease
Multiple Disabilities	
a) Deaf Blindness	

		_	ility as per Disability C				
		•	mber (UDID):				
	Are	you using any assisting If yes, select from Wheelcha Prosthesis Others	n the list below:	Yes Ooter thotic Devic	e	No Cane Hear	e ring Aid
	If y	our disability is visua	ıl, have you engaged a s	scribe?	Yes		No No
		_	aid every month Rs				· 0
	Do	you suffer from mult		Yes		∐ N	U
		ii yes, disclose d	lifferent disabilities her	e			
				• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • •	••••••
		tional Qualification					
a)	Las	t examination passed					
		Matriculation/ Cl	ass 10 th				
		Higher Secondary	y/ Class 12 th				
		Graduation					
		Post-Graduation					
		Others					
	Pero	centage (%):		Class/D	Division:		
	Nan	ne of the school/colle	ege from where last exa	mination ap	peared/ pas	ssed:	
	Boa	rd:					
b)	Det	ails of all examination	ns/qualifications:				
	Sl. No	Examination Passed	Name of the Institution	Year of completion	% Marks Obtained/ CGPA	Class/ Division	Fulltime/Part- Time/Correspond ence
	1	Class 10 th /HSLC					

Did	you dropout from any institute/school at any point during the course? Yes No
If	f Yes, Fill in the details below:
	Name of the course:
	Year of discontinuation:
	Name of the school/educational institution:
	Reason for dropping out/ discontinuation:
	Name & Phone Number of the Head of the Institution:
	ye you undergone any skill training course? Yes No Yes, fill in the details below:
	Skill Training Course Name:
	Institute:
	Duration: Year of Admission:
	Year of Completion: Course Fee, If any
	Address for Communication Address Line 1: House Number / Colony/ Lane:
A	Address Line 1: House Number / Colony/ Lane:
A	Address Line 2: Village / Ward:
A	Address Line 3: Gram Panchayat / Town:
A	Address Line 4: District:
A	Address Line 5: State:
A	Address Line 6: Post Office: Pin Code: Pin Code:
<i>b) P</i>	Permanent Address
A	Address Line 1: House Number / Colony/ Lane:
A	Address Line 2: Village / Ward:
A	Address Line 3: Gram Panchayat / Town:
A	Address Line 4: District:
A	Address Line 5: State:
A	Address Line 6: Post Office: Pin Code: Pin Code:
E	Email id:
P	Phone/ Mobile Number:
Р	Primary Mobile Number:

Alternate Mobile Number 2:	
PART-II (Family & Income)	
5. Father's Name:	
Mobile No:	
Occupation/Source of Income:	
Annual Income:	
6. Mothers Name:	
Mobile No:	
Occupation/Source of Income:	
Annual Income:	
7. Any other source of income of the household:	
8. Total Annual Household Income:	
Below 1 Lakh	
Below 2 Lakh	
Between 2-4 Lakhs	
Between 4-6 Lakhs	
9. Number of Siblings (Brother/Sister), if any Brothers Sisters	
9. Number of Siblings (Brother/Sister), if any Brothers	
If in your family, there are persons with disability other than you, fill in the details below:	
If in your family, there are persons with disability other than you, fill in the details below: Sl. No.	
If in your family, there are persons with disability other than you, fill in the details below: Sl. No. Name of the Person Relationship Age Type of Disability 1	
If in your family, there are persons with disability other than you, fill in the details below: Sl. No. Name of the Person Relationship Age Type of Disability 1 2	
If in your family, there are persons with disability other than you, fill in the details below: Sl. No. Name of the Person Relationship Age Type of Disability	7
If in your family, there are persons with disability other than you, fill in the details below: Sl. No. Name of the Person Relationship Age Type of Disability	7
If in your family, there are persons with disability other than you, fill in the details below: Sl. No. Name of the Person Relationship Age Type of Disability 1 2 3 4	7
If in your family, there are persons with disability other than you, fill in the details below: Sl. No. Name of the Person Relationship Age Type of Disability	7
If in your family, there are persons with disability other than you, fill in the details below: Sl. No. Name of the Person Relationship Age Type of Disability	7
If in your family, there are persons with disability other than you, fill in the details below: Sl. No. Name of the Person Relationship Age Type of Disability)

Part-III (Details of the course of study scholarship applied for)

J 1		emic (Graduation, Post	,	Professional
Name of the	he course:			
Field/Spec	ialization:			
Fu Fu	ll Time	Correspondence	Distance Learning	g Executive
Day Schol	ar/Hosteller: .			
Duration of	of the course in	Years:	Total Number of Se	emesters:
Name of the	he Institute:			
Address: .				
	•••••			
Email:			. Website:	
Contact N	o.:			
Name of the	he Principal:			
Name of H	lead of Depart	ment (if applicable):		
Affiliation	ι:			
Roll No.: Year of A	dmission in the	semester are you current e course:	Year of completion of c	ourse:
Roll No.: Year of Ad Name of e	dmission in the	e course:	Year of completion of completion of complexition:	ourse:
Roll No.: Year of Ad Name of e Score/Pero	dmission in the	e course:	Year of completion of completi	ourse:
Roll No.: Year of Ad Name of e Score/Pero Details of Co	dmission in the entrance exam a centage secure ourse Fees:	e course:	Year of completion of completi	Per Semester
Roll No.: Year of Ad Name of e Score/Pero Details of Co Sl. No.	dmission in the entrance exam a centage secure ourse Fees: Type of F	e course:	Year of completion of completi	Per Semester
Roll No.: Year of Ad Name of e Score/Pero Details of Co Sl. No. 1	dmission in the entrance exam a centage secure ourse Fees: Type of F Admission	e course:	Year of completion of completi	Per Semester
Roll No.: Year of Ad Name of e Score/Pero Sl. No. 1 2	dmission in the entrance exam a centage secured burse Fees: Type of F Admission Tuition Fe	e course:	Year of completion of completi	Per Semester
Roll No.: Year of Ad Name of e Score/Pero Sl. No. 1 2 3	dmission in the entrance exam a centage secured burse Fees: Type of F Admission Tuition Feesing	e course:	Year of completion of completi	Per Semester
Roll No.: Year of Ad Name of e Score/Pero Sl. No. 1 2 3 4 5 Total Sch	dmission in the entrance example entage secured burse Fees: Type of F Admission Tuition Fee Examinat Other Fee	e course:	Year of completion of commission: Per Annum	Per Semester Fees Amount (Rs.)
Roll No.: Year of Ad Name of e Score/Pero Sl. No. 1 2 3 4 5 Total Sch Note: The feet	dmission in the entrance example entage secured burse Fees: Type of F Admission Tuition Fee Examinat Other Fee ool/Institution s details mention	e course:	Year of completion of commission: Per Annum om the college authorities	Per Semester Fees Amount (Rs.

Part-IV (Declaration)

1. From where did you hear about t	he Bharti Infratel Scholarship Progra	am?				
Shishu Sarothi Website	NGOs	College Institute				
Newspaper	Facebook /Twitter/Instagram	Family/Friends				
TV News/Radio	Existing scholar of BISP	Others,				
2. Have you applied for the scholar	ship under Bharti Infratel Scholarship	Program , prior to this?				
Yes No						
If Yes, were you selected?	-					
Yes	No					
If Yes, mention the ye	ear:					
Course for which scho	plarship received:					
College/Institute:						
Result (Class/Division	n): Percenta	ıge:				
3. Are you receiving any other scho	I year and a second	Yes No				
If Yes, Fill in the details belo						
-						
	p: Rs					
4. Is the form being filled by the ap	_	No				
If No, please mention name of						
Mr/Ms						
Mobile Number:						
Email:						
Do you agree to be a c	corresponding contact point on behalf o	of the applicant?				
	If Yes, Sign here					
I/We, hereby declare that the	information furnished above is correct	and true to the best of my/our				
knowledge and based on reco	ords. I possess all supporting documents	s and evidence to justify the				
	1 11 0					
same.						
	abide by the Rules & Regulations, Prod	cedures, and Terms &				
	abide by the Rules & Regulations, Prod	cedures, and Terms &				
If awarded I/we also agree to	abide by the Rules & Regulations, Prod	cedures, and Terms &				
If awarded I/we also agree to	abide by the Rules & Regulations, Producted Scholarship Program.	cedures, and Terms &				

Part-V (Enclose Photo, Supporting Documents) Passport sized colour photo 1. 2. ID Proof: Voter Card/Passport/Driving License 3. Aadhar Card Disability Certificate 5. BPL Card, if any **Income Certificate** 6. 7. Class 10th/HSLC Marksheet 8. Class 12th/Higher Secondary marksheet 9. Pass Certificate/Marksheet of Graduation Examination, if any 10. Pass Certificate / Marksheet of Post-Graduation Examination, if any 11. Admission receipt of the course of current semester, if applicable 12. Marksheet of the last semester appeared Application with all testimonials / documents is to be submitted / sent to: To. **The Executive Director** Shishu Sarothi Centre for Rehabilitation & Training for Multiple Disability Off Ramkrishna Mission Road, Birubari Guwahati - 7810 16, Assam Tel: 0361 2470990 / 2478912 / 9207049810 OR, You may also, scan the application and email it to applicationforbisp@gmail.com