

**Deen Dayal SPARSH Scheme (Philately Scholarship) 2022-23 – Telangana Postal Circle**

**APPLICATION FORM**

1. **Name of the Student : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Passport size photograph

1. **Mother’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Father’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Date of Birth : \_ \_ /\_ \_ /\_ \_ \_ \_**
4. **Class : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Academic Year : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Name of School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **% of marks (in final examination of the last academic year) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **Whether belongs to SC/ST : Yes/No**
8. **PDA Account (Yes/No) : \_\_\_\_\_\_\_\_ If yes, PDA A/c no. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
9. **PDA A/c holder since : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
10. **Member in School**

 **Philatelic Club (Yes/No) : \_\_\_\_\_\_\_\_ Club Membership No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Contact No. Mobile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landline : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Email Id : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Aadhar No (Candidate/Parent) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Place: Signature of candidate**

**Attestation by School in lieu of verification & confirmation of above information**

**Signature of the Principal/Authorized Signatory**

**with School Stamp & Seal**

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**For Office Use**

**Name of the Division : Roll No Allotted:**

**Name of the Region :**

**Recommended : YES/NO**

 **Signature of the SPOs/SSPOs**