

# HANDICAPPED DEVELOPMENT (HD) FOUNDATION MANIPUR

Sagolband Tera Pukhri Mapal, Sayang Road,  
Imphal West – 795001  
Manipur, India.

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Paste a  
Passport Size  
Photograph

## POST METRIC MERIT SCHOLARSHIP FORM FOR PERSONS WITH DISABILITIES (Fresher)

Sl. No. ....

1. Name (in BLOCK LETTER) : .....
2. Father's/Guardian's Name : .....
3. Present Address : .....
4. Permanent Address : .....
5. Contact Number : .....
6. Name of the School / College/Institution with address : .....
7. Class : .....
8. Date of Birth : .....
9. Please tick your social belongings from any of the following : General/ Scheduled Caste/ Scheduled Tribe/ OBC
10. Types of Disability : .....
- Disability Certificate Number
11. Whether a member of DPO or other Organisations (If Yes - Specify the Name) : .....

### EXAMINATION PASSED

Sl. No.	Examination Passed	Name of School/College/ University	Year of passing	% of Mark
1	Class-X			
2				
3				
4				

### DECLARATION

I, ..... hereby declare that the above mentioned information drawn from me is satisfactory and true to the best of my knowledge. And I may expel if I commit any illegal acts against the institute. Lastly, I have a strong assurance to abide by the Rules and Regulations being adopted by the Institute.

Signature of the Student

Signature of the Principal/Head Master/Head  
Mistress

**FOR OFFICE USE ONLY (Fresher)**

**Form No.:**

**Scholarship No:**

Nature and amount of the scholarship:.....

Paste a  
Passport size  
Photo

- 1. **Name (in BLOCK LETTER)** : .....
- 2. **Father's/Guardian's Name** : .....
- 3. **Present Address** : .....  
.....
- 4. **Permanent Address** : .....  
.....
- 5. **Name of the Institution** : .....  
.....
- 6. **Class** : .....
- 7. **Percentage of Marks Obtained**

*Signature of the Student*

*Sign HD Foundation Manipur*

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**Essentials to avail the scholarship:**

- 1. *50% of marks in the last annual Examination.*
- 2. Photocopy of Admit cards and Mark sheets from Class – X onwards.
- 3. Photocopy of Disability Certificate.
- 4. 2(Two) Passport size photos.
- 5. One 4X6" size photo showing the Disability.