

**Government of Goa**  
**DIRECTORATE OF TRIBAL WELFARE**  
**Panaji-Goa**

**Application for the Eklavya Prashikshan Yojana Scheme for Scheduled Tribes Students Studying in Class X<sup>th</sup>, XI<sup>th</sup> & XII<sup>th</sup> for the Academic Year \_\_\_\_\_**

**Part –A [To be filled by Applicant]**

**1. Full Name: (in block Letters)**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Gender: \_\_\_\_\_

Affix a self-  
attested  
Passport size  
Photograph

**2. Address for Correspondence:**

House No.: \_\_\_\_\_

Waddo/Street: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

Name of Village Panchayat/Municipality: \_\_\_\_\_

Taluka \_\_\_\_\_ District: \_\_\_\_\_ District Code: \_\_\_\_\_

Assembly Constituency \_\_\_\_\_

State : GOA Pin Code: \_\_\_\_\_

Telephone /Mobile No. \_\_\_\_\_

E-mail \_\_\_\_\_

**3. Religion: Hindu/ Christian**

**4. Scheduled Tribe Community: Gawda/Kunbi/Velip**

**5. ST Certificate No: \_\_\_\_\_ Date \_\_\_\_\_**

**6. Aadhar No: \_\_\_\_\_**

Aadhar seeded(Y/N) \_\_\_\_\_



## **9. Document enclosed with the Application:**

- I. Passport Size Photograph.
- II. Self attested copy of Birth Certificate of the Student issued by competent authority.
- III. Self attested copy of Aadhar card of the student issued by competent authority.
- IV. Self attested copy of Scheduled Tribe Certificate of the student issued by competent authority.
- V. Self attested copy of Bank Pass Book
- VI. Bank Mandate form along with account details of the student.
- VII. Identity Card issued by the educational institute to the student.
- VIII. Fee receipt along with the fee structure of the courses offered by the coaching institute group wise.

## **10. Declaration:**

(i) I hereby declare that the information given above is correct.

(ii) I hereby declare that I shall not drop out of the course in the middle of the academic year, in case of drop out then I shall refund back the amount received under "Eklavya Prashikshan Yojana" back to the Directorate of Tribal Welfare before the end of academic year.

(iii) I shall abide by the terms and conditions of sanction of the Eklavya Prashikshan Yojana.

(iv) I undertake that if, at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false or if I violate the terms and conditions of the assistance, the assistance sanctioned to me, may be cancelled and the entire amount of assistance will be refunded by me or recovered from me, apart from me, apart from such penal action as warranted by law.

Date: \_\_\_\_\_

Signature of the student

Place: \_\_\_\_\_

Signature of the Parent/ Guardian

**Part –B [To be filled by the Head of the Coaching Institute]**

**11. Details of Coaching Institute :**

(i) Name of Coaching Institute, where admitted with address :

Name: \_\_\_\_\_

Locality: \_\_\_\_\_

Waddo/Street: \_\_\_\_\_

City/Town/Village : \_\_\_\_\_

Taluka : \_\_\_\_\_ District: \_\_\_\_\_

State : \_\_\_\_\_ Pin Code: \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

Registration No: \_\_\_\_\_

E-mail : \_\_\_\_\_

Website : \_\_\_\_\_

**12. Verification/Information/strictly to be furnished only by the Head of Coaching Institute compulsorily:**

1. It is certified that the information filled in the above mentioned columns by

Shri / Kumari \_\_\_\_\_ s/o/ d/o/ Shri. \_\_\_\_\_

who is admitted in \_\_\_\_\_ Course/Subject for the academic year \_\_\_\_\_ in this institute is correct /has been corrected in red ink.

2. In case the applicant leaves the institution or otherwise discontinues the studies or accepts any other assistance, the fact will be immediately reported to the authority so that payment of assistance to the applicant will also be discontinued. The undisbursed amount lying with the institution on account of maintenance charges, fees etc. will also be refunded to the Government account.

**Place:**

**Date:**

**Seal of Institution**

\_\_\_\_\_

**Signature of the Head of the Coaching  
Institute with Official Seal**

## DECLARATION OF THE HEAD OF THE INSTITUTION

I, Shri/Smt. \_\_\_\_\_ Head of

the institution \_\_\_\_\_ (name & address of institution) do hereby

confirm and certify that the above details given by the student is correct in all respects

as per the record maintained by the institution and as such above named is eligible for the Eklavya Prashikshan Yojana of the Tribal Welfare Department.

Place :

Date:

Seal of the Institution

\_\_\_\_\_

Signature of the Head of the Coaching  
Institute with Office Seal

### **13. Document to be enclosed by the Institute.**

- a) Certificate of registration issued to the Coaching institute by competent authorities.
- b) Fee Structure of the courses/ subjects offered by the coaching institute.

# DIRECTORATE OF TRIBAL WELFARE

## EKLAVYA PRASHIKSHAN YOJANA

### MANDATE FORM

1. Name of the student : \_\_\_\_\_
2. Address of the student : \_\_\_\_\_
3. Mobile No/Phone No of the student : \_\_\_\_\_
4. Particulars of Bank Account
  - a) Name of the Bank : \_\_\_\_\_
  - b) Name of the branch : \_\_\_\_\_
  - c) Address of the branch : \_\_\_\_\_
  - d) 9 digit code No of the bank & branch as appearing on MICR cheque : \_\_\_\_\_
  - e) IFSC Code (11 digit) of the branch : \_\_\_\_\_
  - f) Type of Account : \_\_\_\_\_
  - g) Account No.(as appearing on cheque book) : \_\_\_\_\_

(in lieu of the bank certificate to be obtained as under, please attach a blank cancelled cheque or photocopy of the cheque issued by your bank for verification of the above particulars)

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, i would not hold the user institution responsible. I agree to discharge the responsibility expected of me as a participant under the scheme.

**Signature of the Student**

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Certified that the particulars furnished above are correct as per our records.

Bankers stamps

Date

**Signature of the authorized  
Official of the bank**

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**Note. All columns/ dates should be filled in block/capital letters**