

**GOVERNMENT OF PUDUCHERRY
DIRECTORATE OF SOCIAL WELFARE**

**ANNUAL PROGRESS REPORT OF THE DISABLED SCHOLAR
FOR THE YEAR ENDING 200 - 200**



1. Name of the scholar :
2. Name of the handicap :
3. Whether scheduled caste/tribe :
4. Course of study/training pursued :
5. Date of joining the course in your institution :
6. Present standard of study :
7. Date of joining in present standard :
8. Approximate date of conclusion of course in your institution during this year :
9. (i) Date of commencement and termination of examination. State whether the examination is a public one or otherwise :
- (ii) Result of the examination and comments :
10. (i) Whether scholar has sought re-admission after annual public examination and if so, the date of rejoining the institution :
- (ii) Whether scholar was continuously on the rolls of the institution :
- (iii) If not, indicate the reasons of absence and period of absence :
11. Any warning/caution issued to the Scholar for poor progress of studies/poor conduct, For other reasons, give details :
12. Please state if the Scholar is in receipt of Financial Assistance from any other source, if so, the name of the source, the amount per month/any other details may be indicated :
13. Whether the scholar is continuously residing in approved hostel :
14. Any other remarks :

Place :

Date :

Signature of the Head of the Institution

Seal of the Institution

PIN:

FORMAT FOR RENEWAL OF SCHOLARSHIP TO DISABLED STUDENT FOR THE YEAR 200 - 200

Name of the Institution:

The following student who was granted scholarship during 200 -200 and who is now pursuing his/her studies in this institution may renew scholarship during the current academic year

Name of the student	Date of birth	Name of the father/guardian	School in which studies	Class studied in last year	Class studying this year	Date of joining the class	Appx. date of conclusion in present standard	Percentage of marks obtained during last year 200 -200 (Mark list of the final examination should be enclosed)	In which scholarship was granted last year		
									Sl. No.	G.O. Rt. No. and date	Bill No. and date
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)

Certified that-

1. The student has been promoted to next higher class.
2. The student has been regular in attendance during the pursuing year.
3. The conduct of student was good ()
4. That the student included in the above list is eligible to receive the assistance.
5. The student included in the proposal for the year 200 -200 has not recommended previously.
6. The student is not in receipt of sub-assistance from any other voluntary or state sources either in cash or by way of free boarding or lodging.

Signature of the Head of Institution