

**Government of West Bengal**  
**Backward Classes Welfare Department**

**APPLICATION FOR MEDHASHREE, O.B.C.- B STUDENTS STUDYING IN CLASS - V TO VIII**  
**NEW / RENEWAL**

1. Name of Applicant : \_\_\_\_\_  
 ( BLOCK LETTER )

2. Adhar No. of Applicant : 

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3. Name of Father/ Mother/  
 Guardian : \_\_\_\_\_

4. Sex : **Male**

5. Date of Birth : 

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6. Mobile No. : 

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7. (a) Caste : **O. B. C.** (b) Sub - Caste \_\_\_\_\_  
 ( Enclosed O.B.C. Certificate )

8. Permanent Address :  

Village	Post Office	Police Station	District	State
				W.B.

9. Particulars regarding Father / Mother / Guardian who supports in applicant's studies :  

Name	Occupation (if employed, give income certificate from the Employer)	Address

10. Bank Details :  

Bank Name	Branch Name	S. B. A/c. No.	I F S C Code

11. Name and Address of Institution :  

Institution Name	Address	Class of Study	Actual Date of Joining the Class
GOPALNAGAR HARIPADA INSTITUTION	GOPALNAGAR, NORTH 24 PGS, 743262	PIN -	02/01/2025

12. Whether you in receipt of this Scholarship in the previous year YES / NO, if YES :  

Amount Received ( Rs.)	Scholarship Name	Give Details

13. Whether applied for any other Stipend / Scholarship : \_\_\_\_\_

14. Annual Gross Family Income from all source : \_\_\_\_\_

I undertake that all the statement give above are correct and I have not applied for any scholarship from any other Department. I shall be liable to penal action if any statement made above is found false / incorrect.

Date :

Place :

Signature of the Father/Mother/Guardian

Signature of the Applicant