

**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 :

3. Name of Father/ Mother/
Guardian : _____

4. Sex : **Male**

5. Date of Birth :

6. Mobile No. :

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