

ALL INDIA CONFEDERATION OF THE BLIND

Braille Bhawan, Institutional Area, Sector-5,

Rohini, Delhi - 110 085

Phone: 011-27054082, 27050915 email: aicbdelhi@yahoo.com website: www.aicb.org.in

MARGA SCHULZE/CBM MERIT SCHOLARSHIP SCHEME

APPLICATION FORM FOR 2021-22

1. Name of the Student : _____
2. Name of the Father/Guardian : _____
3. Date of Birth : _____
4. (a) Permanent Address : _____

(b) Present Address : _____

(c) Mobile/Landline No. : _____
(d) Email Address : _____
5. When Blindness occurred : _____
6. Residual (Remaining) Vision, if any : _____
7. Name of the College/University : _____
in which studying at present _____
8. Name of the course being pursued : _____
9. Date of joining the Course : _____
10. Duration of the Course : _____
11. Expected date of conclusion : _____
of the Course _____

12. Name of the last annual examination passed : _____

13. % of marks obtained in the last Annual Examination : _____

Certified that the facts given above are true to the best of my knowledge and belief.

Dated:

Signature of the Applicant

RECOMMEDATION FROM THE COLLEGE/UNIVERSITY

I hereby recommend the name of Miss.....
D/o student of.....
(Course & Year) College Roll No..... for availing Marga Schulze Merit
Scholarship for the year 2021-2022. **It is further certified that she is a bonafide student of this
college/University and does not receive any other scholarship for her studies.**

Dated:

Signature of Head of the College/University

(With office seal)

Note:

Attested copies of documents to be attached:

1. Certificate of Date of Birth.
2. Attested copies of Certificates/Degree and mark sheets of the previous examinations.
3. Certificate of blindness issued by a Government Hospital.
4. Passport size photograph.
5. Photocopy of first page of bank passbook of the Applicant.