

SHAHEED BHAGAT SINGH COLLEGE
UNIVERSITY OF DELHI

SBSC/No. /53)

Date: 06.07.2023

NOTICE FOR VISUALLY IMPAIRED

Dear Students,

It is hereby informed to all the visually impaired category students of the college that the **All India Confederation of the Blind** is granting **Youth Empowerment scholarships Scheme 2023-24 to visually impaired students (men & women)**.

All the Interested students are required to submit the application form in the prescribed format as provided by the All India Confederation of the Blind. The form must be reached at the following address till the **31st August 2023** with the following documents:-

1. Application form duly verified by the Principal of the college.
2. Certificates of 10th and 12th examination.
3. Attested copies of certificates/degree and marksheet of the previous examinations.
4. Certificate of blindness issued by a Government Hospital.
5. Passport size photograph.
6. Aadhar card of the applicant.
7. Photocopy of first page of bank passbook of the applicant.

Address:-

**Admin office: Braille Bhawan
(Behind Rajiv Gandhi Cancer Hospital), Sector-5, Rohini
Delhi- 110085**


**(Prof. Arun Kumar Attree)
Principal**

Copy to:

- **Convenor, Scholarship Committee**
- **College website**
- **Student Notice Board**
- **Nodal officer, PWBD**

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

APPLICATION FORM for 2023 – 24

YOUTH EMPOWERMENT SCHOLARSHIP

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 did you become blind : _____
6. Whether totally blind/partially blind : _____
7. Male/Female : _____
8. Name of the College/University
in which studying at present : _____

9. Name of the course being pursued : _____
10. Date of joining the Course : _____
11. Duration of the Course : _____
12. Expected date of conclusion
of the Course : _____
13. Name of the last annual
examination passed : _____

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

1. *Certified that the facts given above are true to the best of my knowledge and belief.*
2. *Further certified that I am not in receipt of any scholarship from any other government or non-government organizations and if I receive, I shall return the scholarship money received from AICB.*

Dated:

Signature of the Applicant

RECOMMEDATION FROM THE COLLEGE/UNIVERSITY

I hereby recommend the name of Mr. /Miss.....
S/o/D/o..... student of.....
(Course & Year) College Roll No..... for availing Merit Scholarship for
Visually Impaired Youth for the year 2023 -' 24. It is further certified that he/she is a bonafide
student of this college/University and does not receive any other scholarship for his/her studies.

Dated:

Signature of Head of the College/University

(With office seal)

Note:

Attested copies of documents to be attached:

1. *Certificates of 10th and 12th examination.*
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. *Aadhar card of the applicant.*
6. *Photocopy of first page of bank passbook of the Applicant.*