SHAHEED BHAGAT SINGH COLLEGE UNIVERSITY OF DELHI

SBSC/No. 1530

Date: 06.07.2023

Notice for visually impaired girls students

Dear Students,

It is hereby informed to all the visually impaired Girls students of the college that the All India Confederation of the Blind is granting Marga Schulze/CBM Merit scholarships Scheme 2023-24 to visually impaired Girls students.

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. Certificate of dste of Date of Birth.
- 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. Photocopy of first page of bank passbook of the applictant.

Adress:-

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

MARGA SCHULZE/CBM MERIT SCHOLARSHIP SCHEME

APPLICATION FORM FOR 2023 - 24

1.	Name of the Student	
2.	Name of the Father/Guardian	·
3.	Date of Birth	
4.	(a) Permanent Address	
	(b) Present Address	CALC IS AN INCOME.
	(c) Mobile/Landline No.	
	(d) Email Address	· · · · · · · · · · · · · · · · · · ·
5.	When did you become blind	:
6.	Whether totally blind/partially blind	l :
7.	Name of the College/University in which studying at present	
8	Name of the course being pursued	
9.	Date of joining the Course	ekokował war in Makering in ingelija. E
10.	Duration of the Course	
11.	Expected date of conclusion of the Course	•

2.	Name of the last annual :examination passed
13.	% of marks obtained in the last :
	Annual Examination
Cert	ified that the facts given above are true to the best of my knowledge and belief.
Date	ed: Signature of the Applicant
1	RECOMMEDATION FROM THE COLLEGE/UNIVERSITY
	I hereby recommend the name of Miss
	student of
	urse & Year) College Roll No
	olarship for the year 2023 – 24. It is further certified that she is a bonafide student of
colle	ege/University and does not receive any other scholarship for her studies.
Dat	ea:
	the second of th
Sign	nature of Head of the College/University (With office seal
Not	te:
Atte	ested copies of documents to be attached:

- 1.
- Certificate of Date of Birth.

 Attested copies of Certificates/Degree and mark sheets of the previous examinations.

 Certificate of blindness issued by a Government Hospital. 2.
- 3.
- 4.
- Passport size photograph.
 Photocopy of first page of bank passbook of the Applicant. 5.