



Dept of Higher Education
Inward No. 5623
Date. 7.8.24

GOVERNMENT OF GOA
DEPARTMENT FOR EMPOWERMENT OF PERSONS WITH DISABILITIES
BUILDING 'B', 3RD FLOOR, NEW MARKET COMPLEX, PORVORIM - GOA
dir-depwd@goa.gov.in 0832-2912601

J S (dev)

No. 1/6/2024-25-DEPWD/Sch/Scholarship/ 250

Date: 06/08/2024

CIRCULAR

Scholarship for Students with Disabilities

The Department for Empowerment of Persons with Disabilities, is implementing the scheme viz "the Scheme for Scholarship for Students with Disabilities" for the Welfare of Students with Disabilities studying in Goa under which the Students with Disabilities studying from Std.IX onwards are entitled for the Scholarship fulfilling the eligibility criteria mentioned therein at the following rates:-

Sr. No	Type of Course	Rate of Amount in Rs.	Rate per month for hostellers	Readers allowance per month for blind only
1	Class IXth to XIIth Standard or equivalent as per University Course.	Rs.500/- p.m	Rs.200/ p.m	Rs.75/ p.m
2	B.A. /B.Com. / B.Sc. etc.	Rs.650/- p.m	Rs.270/ p.m	Rs.115/ p.m
3	BE/B Arch/MBBS/L.LB/B.Ed/Diploma in professional and Engineering Courses etc. MA/M.Sc/M. com/LLM/M.Ed/MBBS etc	Rs.900/- p.m	Rs.360. p.m	Rs.150 p.m

The application of all the eligible students complete in all respects are, therefore, invited in the prescribed format appended to this Circular alongwith the list of documents mentioned therein so as to reach this Directorate on or before 31.10.2024.

The Principals of all the schools and Higher Secondary Schools shall bring the contents of this Circular to the notice of all the students, Teachers and the Chairman of the Parents Teachers Association of the respective Schools/Higher Secondary Schools and shall ensure that the application forms duly filled in and complete in all respects alongwith the documents for the eligible students is forwarded to this Directorate latest by 31.10.2024. It should be noted that the application received after 31.10.2024 shall not be considered for sanction.

(Varsha Naik)

Director of DEPWD
Ex-Officio/Jt Secretary

Copy to:-

1. The Director, Directorate of Education, Porvorim-Bardez- Goa request to forward to all the Aided/Non Aided Institutions and Special Schools for Students with Disabilities under your control.
2. The Director, Higher Directorate of Education, Porvorim-Bardez- Goa with a request to circulate to all colleges etc under your control.
3. The Director, Directorate of Technical Education, Porvorim-Bardez- Goa with a request to circulate to all professional colleges etc under your control.
4. The Deputy Director (SW), District Welfare office, R.No.21,ground floor MSAC,Collectorate (S),Margao-Goa with a kind request to display the Circular on the Notice Board for information of general public.
5. Office Copy.

PRESS – NOTE

The Department for Empowerment of Persons with Disabilities is implementing Welfare Scheme for the Grant of stipend and scholarship separately for Students with Disabilities who are studying in various schools/Colleges/Institution etc. as under:

Sr.No.	Std. & Type of Courses	Rate per month
1.	Stipend for the Students Std. I to VIII	Rs. 200/- per month for 11 months
2.	Scholarship for the students IX to XII Standard or equivalent as per University Courses.	Rs. 500/- per month for 11 month for Day Scholar. Rs.200/- per month for 11 month for Hostellers & Rs. 75/- for Readers allowance for Blind per month for 11 months
3.	B.A. /B.Com. / BSc etc.	Rs. 650/- per month for 11 months for Day Scholar. Rs. 270/- per month for 11 month for Hostellers & Rs. 115/- for Readers allowance for Blind per month for 11 months
4.	BE/B.ARCH/MBBS/LLB/B.Ed/Diploma in professional and Engineering Courses etc. MA/Msc/M. Com/LLM/MED	Rs. 900/- per month for 11 months for Day Scholar. Rs. 360/- per month for 11 month for Hostellers & Rs. 150/- for Readers allowance for Blind per month for 11 months

The criteria for eligibility to apply under this scheme are that:

1. The students should possess a minimum disability for 40% and above duly certified by Medical Board.
2. The students should have secured a minimum 45% marks and above in the previous annual examination
3. The annual income of parents of the student should not exceed RS.1,50,000/- p.a. from all the sources.
4. Identity /UDID card issued by Directorate of Social Welfare.

Scholarship is also awarded to pursue education in Music and Vocational Courses through recognized Board of Education or University.

Application forms may be collected from the Department for Empowerment of Persons with Disabilities from 01st August 2024 on any working day during office hours. The Scholarship/Stipend applications should be submitted to this office on or before 31st October, 2024 duly recommended by concern Schools/Colleges/Institutions etc.

For further inquiry contact Department for Empowerment of Persons with Disabilities Tel No. **0832-2912601**, Email: dir-depwd@goa.gov.in

APPENDIX-I
GOVERNMENT OF GOA
DEPARTMENT FOR EMPOWERMENT OF PERSONS
WITH DISABILITIES
Porvorim- Goa

APPLICATION FOR THE GRANT OF STIPEND TO STUDENTS WITH
DISABILITIES

PART-I

(To be filled by the applicant)

1	Name of the Student (in block letters)																
2	Father/Guardian Name																
3	Gender	Male								Female							
4	Nationality																
5	Date of birth (DD/MM/YYYY)																
6	Taluka					Constituency											
7	Full Postal Address																
8	Contact Number																
9	Aadhar card Number																
10	Type of Disabilities	Blindness				Muscular Dystrophy											
		Haemophilia				Hearing Impairment											
		Low Vision				Parkinson's Disease											
		Thalassemia				Intellectual Disability											
		Leprocy Cured				Sickle Cell Disease											
		Dwarfism				Locomotor Disability											
		Cerebral Palsy				Acid Attack Victim											
		Mental Illness				Multiple Sclerosis											
		Specific Learning Disabilities				Speech & language											
		Autism Spectrum Disorder				Chronic Neurological											
		Multiple Disabilities including deaf blindness															

11	Percentage of Disability				
12	Category		Scheduled Caste <input type="checkbox"/> OBC <input type="checkbox"/> Scheduled Tribes <input type="checkbox"/> Minority <input type="checkbox"/> General <input type="checkbox"/>		
13	Total Annual Income of both the Parents/Guardian				
(a) Particulars of all examination passed (commencing with the middle or equivalent examination).					
14	Type of examination	Year in which passed	Percentage of marks /Grade	Name of board / University	Remarks
15	i. Class in which studying during the current academic year				
	ii. Date of joining the class				
16	Details of bank account of Beneficiary:				
	Name of the Bank:				
	Bank Branch:				
	Full Address:				
	Bank Account Number				
	MICR Code of Bank				
	IFSC Code of Bank				
Documents to be attached					
17	i.	Disability Certificate at least 40% disability issued by Medical Board			
	ii.	A copy of Marks sheet of last annual Examination passed			
	iii.	Income Certificate issued by the Competent Authority			
	iv.	A copy of Identity Card issued by Directorate of Social welfare			
	v.	A copy of Bank Pass Book of the applicant			
	vi.	A copy of Aadhar card			

I/We hereby declare;

- (i) That, I shall not accept Emoluments/Scholarship/Stipend or any other financial assistance or grant, in any other form except the exemption from payment of tuition fees, from any other source, during the tenure of this stipend, if awarded to me under the above scheme.

OR

In the event of award of stipend, I undertake to refund it from the month the stipend is payable to me, to the sources from where, I have received it, and the during the tenure of this stipend, if awarded, I shall not receive any grant in any form whatsoever, exemption from payment of tuition fees.

- (ii) That the statement made in the application is true to the best of my knowledge and belief and that no material information having bearing on selection has been concealed.

(Signature of the Student)

(Signature of parent/Guardian)

Place:

Date:

PART - II

(To be filled in by the Head of the Institution)

Certified that;

- (i) The information given by the Applicant in Part - I has been checked and found Correct.
- (ii) This Institution is affiliated to _____ Board/University and /or is recognized by the Government of _____ and the course of study/Training is recognized by the Board/University/Government.

1	Name and address of the Institution	
2	Class in which the applicant is studying during the current Academic year	
3	Class in which the applicant was studying in the previous year	
4	I declare that the information given by the applicant in Part-I has been checked and found correct and is true to the best of my knowledge and belief	

**Signature of Head of the
Institution with Seal**

Place:

Date:

APPENDIX-I
GOVERNMENT OF GOA
DEPARTMENT FOR EMPOWERMENT OF PERSONS
WITH DISABILITIES
Porvorim- Goa
APPLICATION FOR THE GRANT OF SCHOLARSHIP FOR THE
STUDENTS WITH DISABILITIES

PART-I

(To be filled by the applicant)

1	Name of the Student (in block letters)																																										
2	Father/Guardian Name																																										
3	Gender	Male					Female																																				
4	Nationality																																										
5	Date of birth (DD/MM/YYYY)																																										
6	Taluka						Constituency																																				
7	Full Postal Address																																										
8	Contact Number																																										
9	Aadhar card Number																																										
10	Type of Disability	Blindness	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>	Haemophilia	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Low Vision	<input type="checkbox"/>	Parkinson's Disease	<input type="checkbox"/>	Thalassemia	<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>	Leprosy Cured	<input type="checkbox"/>	Sickle Cell Disease	<input type="checkbox"/>	Dwarfism	<input type="checkbox"/>	Locomotor Disability	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Acid Attack Victim	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>	Specific Learning Disabilities	<input type="checkbox"/>	Speech & language	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	Chronic Neurological Disorder	<input type="checkbox"/>	Multiple Disabilities including deaf blindness	<input type="checkbox"/>

11	Percentage of Disability				
12	Category		Scheduled Caste <input type="checkbox"/>	OBC <input type="checkbox"/>	
			Scheduled Tribes <input type="checkbox"/>	Minority <input type="checkbox"/>	
			General <input type="checkbox"/>		
13	Whether the applicant is employed or not;		Yes/No		
	If yes please indicate				
	i) The organisation where employed ii) The monthly salary/honorarium				
14	Total Annual Income of both the Parents/Guardian				
(a) Particulars of all examination passed (commencing with the middle or equivalent examination).					
15	Type of examination	Year in which passed	Percentage of marks/Grade	Name of board / University	Remarks
16	i. Course of study for which scholarship is applied (Certificate, Diploma or Degree) please specify				
	ii. Class in which studying during the current academic year				
	iii. Date of joining the class				
17	Details of bank account of Beneficiary:				
	Name of the Bank:				
	Bank Branch:				
	Full Address:				
	Bank Account Number :				
	MICR Code of Bank:				
	IFSC Code of Bank:				

18	Number of Children receiving Scholarships in the current year including the applicant from same family. Give particulars:-						
	Sr. No.	Name	Relation with the applicant	Age	Class & Course in which studying	Name of Institution where studying	Whether applied for GOI scholarship
	1.	2.	3.	4.	5.	6.	7.
19	Have you ever received scholarship under the scheme? If yes indicate						
	a. The course / Stage of study.						
	b. Period for which scholarship was received.						
20	Documents to be attached						
	i.	Disability Certificate at least 40% disability issued by Medical Board					
	ii.	A copy of Marks sheet of last annual Examination passed					
	iii.	Income Certificate issued by the Competent Authority					
	iv.	A copy of Identity Card issued by Directorate of Social welfare					
	v.	A copy of Bank Pass Book of the applicant					
	vi.	A copy of Aadhar card					

I/We hereby declare;

- (i) That, I shall not accept Emoluments/Scholarship/Stipend or any other financial assistance or grant, in any other firm except the exemption from payment of tuition fees, from any other source, during the tenure of this stipend, if awarded to me under the above scheme.

OR

In the event of award of stipend, I undertake to refund it from the month the stipend is payable to me, to the sources from where, I have received it, and during the tenure of this stipend, if awarded, I shall not receive any grant in any form whatsoever, exemption from payment of tuition fees.

- (ii) That the statement made in the application is true to the best of my knowledge and belief and that no material information having bearing on selection has been concealed.

(Signature of the Student)

Place:

Date:

(Signature of parent/Guardian)

PART-II

(To be filled by the institution)

1	(a)	Is the candidate enjoying free board and or lodging facility or any other concession in kind from any other source?	
	(b)	If so indicate the monthly amount equivalent to the concession	
2	Is the candidate residing in a hostel attached to school /college/ Establishment? If so date from which residing.		
For Locomotor Disability.			
3	(i)	(a) Is the Candidate using any prosthetic appliance(s) and aid needed?	
		(b) If so please indicate the nature of appliance(s) used.	
	(ii)	(a) Is the candidate using special transport to and from the institution?	
		(b) If so please indicate clearly the mode of transport and the approximate distance travelled daily.	
4	For Visually Disabled: Has the Candidate engaged a Reader? If so the monthly amount paid to him/her and the date from which engaged.		

Certified that;

- (i) The information given by the Applicant in Part - I has been checked and found Correct.
- (ii) This Institution is affiliated to _____ Board/University and /or is recognized by the Government of _____ and the course of study/Training is recognized by the Board/University/Government.

1	Name and address of the Institution	
2	Class in which the applicant is studying during the current Academic year	
3	Class in which the applicant was studying in the previous year	
4	I declare that the information given by the applicant in Part-I has been checked and found correct and is true to the best of my knowledge and belief	

Place:
Date:

**Signature of Head of the
Institution with Seal**

G.A.R. 33
(See Rule 145)
BILL FOR SCHOLARSHIP

STO Code No.....
DDO Code No.....
Demand No.....

Bill No.....
Head of Account.....

Bill for Scholarship tenable at Panaji College/School :
during the month of.....

Sr. No	Year of award	Kind of scholarship or stipend	Name of the scholarship or stipend holder	Monthly value of scholarship	No. of days for which drawn	Amount drawn	Remarks
1	2	3	4	5	6	7	8
						Rs.	

Deduct balance undisbursed from last month

Balance due Rs...../- (Rupees:.....)

I hereby certify that the Scholarship or stipend holder name in this bill have been regular in attendance and have confirmed to the rules under which their scholarship or stipend are tenable.
Certified also that the scholarship or stipends drawn on the last bill with exception of those refunded by deduction ,have been paid to the proper persons and their receipts taken in acquaintance rolls kept in my office.

Principal/Manager
College/School.....

For the use of Departmental Office

Bill No.....Dated.....

Head of account

Received a sum of Rs.....[Rupees.....only]

being the amount sanctioned the(copy enclosed)

No.....dated.....

Signature.....

Designation.....

Stamp of office.....

For use in treasury office

Examined

Treasury AccountantPay Rs.....

Dated.....

Treasury office

For Use in Accountant General Office

Admitted Rs.....

Objected Rs.....

Reason for objection.....

AUDITOR

SUPERINTENDENT

GAZETTED OFFICER