



GOVERNMENT OF GOA
DIRECTORATE OF HIGHER EDUCATION
Goa Education Complex, Alto Porvorim-Goa.

Tel:2415585/2410824

Email: develop-the.goa@gov.in

No. DEV/SCHEME/215/D.B-ORPHAN/2025/2172 Dated : 04/07/2025

07

To,

1. The Registrar, Goa University, Taleigao Plateau, Goa
2. The Principals of all Aided and Government Colleges.

Sub:- Dayanand Bandodkar Scheme for Higher Education
for Orphans for the year 2025-26

Sir/Madam,

I am directed to invite your attention to "Dayanand Bandodkar Scheme for Higher Education for Orphans". In this connection you are requested to submit your proposal under the scheme for the year 2025-26.

It is requested to ensure that all the applications and documents are thoroughly scrutinized before submission. The proposal to be prepared strictly in accordance with the guidelines enclosed with this letter and submitted along with necessary documents as listed in the annexure by or before 8th August, 2025.

Yours faithfully

(Sairaj Phadte)

Dy. Director (Development)

Encl : as above

GUIDELINES

Colleges/Institutions to submit the Documents in the following chronological order, while submitting their proposal under the "Dayanand Bhandodkar Scheme for Higher Education for Orphan

1. Covering Letter of the College
2. Statement (Format enclosed)
(to be prepared in Excel and to be mailed on email develop-dhe.goa@gov.in)
3. Copy of Fee Structure : Total Fees of the Course as per the Fee Structure
4. Application Form (Format enclosed)
5. Residence Certificate : Born in Goa/15 yrs residence
6. Passing Certificate of last qualifying examination from any institute from Goa
7. Death Certificate of Parents
8. Aadhaar Card Copy
9. Fee Receipt (Fees paid by the student)

Action by the
College

Chronological
Order of the
documents to be
furnished by the
students

ANNEXURE -A
(To be filled by Students)

DAYANAND BANDODKAR SCHEME FOR HIGHER EDUCATION FOR ORPHANS

FORMAT FOR APPLICATION

1. Name of the Applicant.....
.....
2. Address of the Applicant.....
.....
.....
Phone No.....Mobile No.:
3. (a) Course for which admission is sought.....
(b) Duration of the Course:
4. Total amount of Fees Paid:
(please attach fee receipt)
5. Name of the Guardian:
6. Address of the Guardian:.....
.....
Phone No. Mobile No.
7. Date, Month and Year of father's Death
(please attach death certificate)
8. Date, Month and Year of mother's Death.....
(please attach death certificate)
9. No. of years of Residence in Goa :
(please attach Residence Certificate)

DECLARATION

I hereby certify that the information furnished by me above is true to the best of my knowledge. I am aware that in case of false information all the benefits granted to me shall be immediately withdrawn.

.....
Signature of the students

.....
Countersigned by Parent/Guardian

