



Three Time Recipient of National Award from G.C.

Admin. Off. : Brahm Bhawan (Behind Rajiv Gandhi Cancer Hospital), Sector 5, Rohini, Delhi - 110085 (INDIA)
Regd. Off. : Babukhan Estate, Beshwarbagh, Hyderabad
Phone Nos. : 011-26044000

Phone Nos : 011-27054082, 27050915
Website : www.aicb.org.in

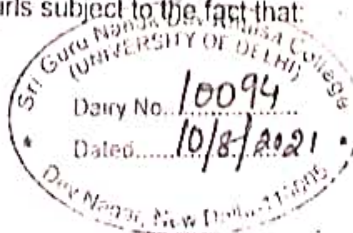
E-mail : arshafathi@yahoo.com
arshafathi@rediffmail.com



1115-1124

Mrs. Manjula Rath

At the level of B.A. @ Rs. 1000 per month, B. Ed @ Rs. 1250 per month, M.A. 1st and 2nd year as well as M. Phil @ Rs. 1500 per month shall be granted to blind girls subject to the fact that:



Donations Exempted
from Income Tax
Under Section
80 G of I. T. Act 1961

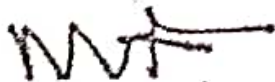
- At B.A. Level blind girl-student should receive at least 60% marks in the previous examination.
- At B.Ed. Level 55% marks in the previous examination.
- At M.A. 1st and 2nd year as well as M. Phil Level 55% marks in the previous examination should be secured by the candidate.
- Correspondence course students need not to apply.
- Students who have received scholarship for 5 years from this organization need not to apply.

The prescribed Application Forms duly recommended by the Principal of the College or Head of the Department must reach this office by 31st October 2021 along with previous year's marksheets/Certificates and other enclosures mentioned in the application form. (Copy enclosed).

In view of the circumstances of Covid-19, this year, the last date has been extended from 31st August to 31st October 2021.

Thanking you

Yours sincerely,



J.L. KAUL
(Secretary General)

Encl: 1. Application Form

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

RECOMMENDATION 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.