

GOVERNMENT OF GUJARAT

Submit Date : 30/07/2025

(BCK-6.1) Post Matric Scholarship for SC students (Government of India Scheme)(Freeship Card Student Only)

Application No:
242500000002835475

Fresh Application

**Student Basic Details**

Name of Student : PARMAR SAURAV KIRANBHAI	
Name of Student (As per Aadhar) : Saurav Kiranbhai Parmar	
Mother's Name : Parvatiben parmar	
Date of Birth : 29/08/2004	Gender : Male
Category : SC(અનુસૂચિત જાતિ)	Religion :Hindu
Caste : Hindu Vankar (હિન્દુ વણકર)	
Aadhaar Status Verified: Yes(30/07/2025 17:46:06)	
Ration Card No. : 127112013895531	Ration Card Member No. : 127112013895531003
Name As Per Ration Card: (Saurav Kiranbhai Parmar / સૌરવ કિરણભાઈ પરમાર)	
EKYC Status As Per Ration Card: Yes	EKYC Date: 04-10-2024
Aadhar Number Matched With Ration Card: Yes	
Consent Status: I hereby give my consent to use my personal data available with food and civil supply department. I hereby give my consent to government of Gujarat for fetching my identity for the purpose of post matric scholarship.	
Annual Income of Parents/Guardian/Husband (Rs): 180000	Habitation Type: Urban
Mobile Number : 9824725460	E-mail Address : parmarsaurav820@gmail.com
Aadhar No : 29xxxxxx5484	Parent/Guardian occupation: Casual Labour (છૂટક મજૂર)
Is Orphan: NO	Day Scholar / Hosteller : Day Scholar
Marital Status : Unmarried	Hostel Type:

Current Address:		Permanant Address:	
State	Gujarat	State	Gujarat
District	Ahmadabad	District	Ahmadabad
Taluka	Asarava	Taluka	Asarava
Village		Village	
PinCode	382350	PinCode	382350
Address:D 166 AMBICA NAGAR NR UTTAM NAGAR NIKOL GAM ROAD AHMEDABAD		Address:D 166 AMBICA NAGAR NR UTTAM NAGAR NIKOL GAM ROAD AHMEDABAD	

Student Bank Account Detail/Aadhar Bank Detail

<input type="checkbox"/> I voluntarily give my consent to use my Aadhaar details.	
Aadhar Number : -	Bank name : -
NPCI Date : #Error	NPCI Status : -
<input checked="" type="checkbox"/> I am giving my consent for payment of scholarship amount in my bank account, linked with Aadhar.	
Account No : 37xxxxxx2283	IFSC Code : SBIN0060434
Student Name(As per Bank Name): PARMAR SAURAV KIRANBHAI	
Name of Bank : STATE BANK OF INDIA	

Branch Name & Address : BAPUNAGAR, AHMEDABAD	
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<input checked="" type="checkbox"/> I hereby accept that
1.Details provided by me are correct to best of my knowledge
2.Shall not make any claims if amount is transferred to a wrong account due to incorrect details provided by me
3.Shall refund the amount transferred to someone else's account due to incorrect details provided by me
4.I will refund the excess amount credited to my account, if any.

Student Academic Details

Present Course/Class/Trade Type: Medical	
Present Course/Class/Trade Name : BDS Bachelor of Dental Surgery	
Present Course/Class/Trade Year : 4TH YEAR(7th Semester/8th Semester)	
Studying in : Gujarat	Enrollment No:
Present Institute District : Ahmadabad	Present Institute : COLLEGE OF DENTAL SCIENCE AND RESEARCH CENTRE, BOPAL
Admission Type : Regular Paid Seat (Self Finance)	Present Branch Course : -
Enter Your Research/Thesis Subject :	
Present Class Start Date : 28-Apr-2025	Present Course Completion Date : 27-Apr-2026

Fees	Amount
Admission Fees (Rs)	0
Tution Fees (Rs)	319000
Misc.Fee(NonRefundable Fees)	0
Exam Fees(Rs)	1225
Total (Rs)	320225

Previous stream :BDS Bachelor of Dental Surgery	Previous Class/Course : 3RD YEAR(5th Semester/6th Semester)
Previous Passing Year : 2025	Previous (%) : 73.83
Educational Break : No	No. Of. Year in Break :

Freeship Card Detail

Freeship Card No: 149
Freeship Card Issued Date: 26/04/2022
Freeship Card Issued by District:Ahmadabad

Previous Education Detail

Course/Class/Trade Type	Course/Class/Trade Name	Branch Name	Seat No	Passing Year	Percentage
9th Std/10th Std	10TH	SCIENCE	A4008813	2019	88.67
11th Std/12 Std	12TH	SCIENCE	B216241	2021	93.71
Medical	BDS Bachelor of Dental Surgery	FIRST B.D.S.	410	2023	71.16
Medical	BDS Bachelor of Dental Surgery	SECOND B.D.S.	369	2024	69.12
Medical	BDS Bachelor of Dental Surgery	THIRD B.D.S.	365	2025	73.83

Disability Detail

Is Disability : No	Type of Disability : -
Percentage of disability : -	Required Guide/Coaching Guide: No
Guide Name: -	
Guide Address: -	

List of documents which you have attached :

- 1 Caste Certificate From the Competent Authorities
- 2 First Page Of Bank PassBook/Cancelled Cheque
- 3 Income Certificate (Competent Authority)(Form no.16 required For Govt. Employee)

- 4 Std:10 Marksheet
- 5 School Leaving Certificate (If Any)
- 6 Std:12 Marksheet(If Any)
- 7 Other Marksheels/Last Year Marksheet (If Any)
- 8 Freeship Card

I have read all above terms and conditions and understand them fully, I hereby declared that here I am submitting only one application for scholarship and I haven't received any other scholarship/stipend or fellowship in this current session under any other central/state government scheme. I further state that all information furnished by me is correct to my knowledge in case of any the false information or suppression of necessary data proved in my application is liable to get cancelled at any stage of the scholarship process and the entire amount of scholarship will be refunded by me or recovered from me. Government decision shall be final and binding on me.

Date : 30/07/2025

Verify Mobile Number : Yes 30/07/2025

Place :

Signature of the applicant

It is certified that the information filled in the above mentioned fields by the students are correct to the best of my knowledge and all the Documents has been checked.

It is also certified that in case the applicant leaves institution or otherwise discontinues the studies or detained or accepts any other regular scholarships/stipend/ fellowship the fact will be immediately reported to the said authority

Certified that the student is eligible for scholarship amount subject to Central/State government rules and the student is recommended for sanction of scholarship.

This is to certify that student has regularly attended classes and maintained minimum attendance criteria till date for the A.Y. 2024 -2025. If student will irregular, than we will immediately reported to the said authority.

The actual School/College/University year began on _____ and will be ended on _____

Signature Of Head Of The School/College/Institute/University With Official Seal

Place :

***Note : Stamp Signature will not be accepted**

Date :