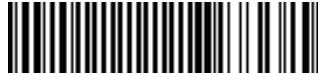


# GOVERNMENT OF GUJARAT

Submit Date : 08/11/2024

PM -YASAVI Post Matric Scholarship for OBC, EBC and DNT  
StudentsApplication No:  
242500000000536935

Fresh Application



## Student Basic Details

**Name of Student :** PATEL MITUBEN DILIPKUMAR**Name of Student (As per Aadhar) :** Mituben Patel**Mother's Name :** Patel Savitaben DilipKumar**Date of Birth :** 19/04/2005**Gender :** Female**Category :** SEBC**Religion :** Hindu**Caste :** Chaudhari Patel (where they are not S.T.) (ચૌધરી પટેલ (જથું તેણો અ. જનજાતી ન હોય))**Aadhaar Status Verified:** Yes(01/11/2024 12:27:39)**Ration Card No. :** 106004002105304003**Ration Card Member No. :** 106004002105304003**Name As Per Ration Card:** (Mituben Patel / મિતુબેન પટેલ )**EKYC Status As Per Ration Card:** Yes**EKYC Date:** 06-11-2024**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):** 80000**Habitation Type:** Rural**Mobile Number :** 9586026599**E-mail Address :** patelmitu9788@gmail.com**Aadhar No :** 73xxxxxxxx6753**Parent/Guardian occupation:** Agriculture(ખેડૂ)**Is Orphan:** NO**Day Scholar / Hosteller :** Day Scholar**Marital Status :** Unmarried**Hostel Type:**

<b>Current Address:</b>		<b>Permanant Address:</b>	
<b>State</b>	Gujarat	<b>State</b>	Gujarat
<b>District</b>	Gandhinagar	<b>District</b>	Gandhinagar
<b>Taluka</b>	Gandhinagar	<b>Taluka</b>	Dehgam
<b>Village</b>		<b>Village</b>	
<b>PinCode</b>	382028	<b>PinCode</b>	382315
<b>Address:</b> PLOT NO 555/1, INDRA PRASTH SOCIETY, SECTOR-22, GANDHINAGAR		<b>Address:</b> AT- DHANIYOL	

## Student Bank Account Detail/Aadhar Bank Detail

 I voluntarily give my consent to use my Aadhaar details.**Aadhar Number :** 73xxxxxxxx6753**Bank name :** -**NPCI Date :** 12/30/2024 12:00:00 AM**NPCI Status :** Accept I am giving my consent for payment of scholarship amount in my bank account, linked with Aadhar.**Account No :** 41xxxxxxxx0914**IFSC Code :** SBIN0060363**Student Name(As per Bank Name):** Patel Mitu**Name of Bank :** STATE BANK OF INDIA**Branch Name & Address :** GANDHINAGAR, SECTOR-22 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

<b>Present Course/Class/Trade Type:</b> Information Technology	
<b>Present Course/Class/Trade Name :</b> BCA (Bachelor Of Computer Application)	
<b>Present Course/Class/Trade Year :</b> 3RD YEAR(5th Semester/6th Semester)	
<b>Studying in :</b> Gujarat	<b>Enrollment No:</b> 202212101102
<b>Present Institute District :</b> Gandhinagar	<b>Present Institute :</b> Akhil Anjana Kelavni Mandal (Chaudhari) College of Computer Application
<b>Admission Type :</b> Regular Paid Seat (Self Finance)	<b>Present Branch Course :</b> -
<b>Enter Your Research/Thesis Subject :</b>	
<b>Present Class Start Date :</b> 24-Jun-2024	<b>Present Course Completion Date :</b> 28-Apr-2025

Fees	Amount
Admission Fees (Rs)	125
Tution Fees (Rs)	18000
Misc.Fee(NonRefundable Fees)	50
Exam Fees(Rs)	1150
<b>Total (Rs)</b>	<b>19325</b>

<b>Previous stream :</b> BCA (Bachelor Of Computer Application)	<b>Previous Class/Course :</b> 2ND YEAR(3rd Semester/4th Semester)
<b>Previous Passing Year :</b> 2024	<b>Previous (%) :</b> 78.20
<b>Educational Break :</b> No	<b>No. Of. Year in Break :</b>

## Previous Education Detail

Course/Class/Trade Type	Course/Class/Trade Name	Branch Name	Seat No	Passing Year	Percentage
9th Std/10th Std	10TH	Science	11112833	2020	66.8
11th Std/12 Std	12TH	Commerce	11608213	2022	69.4

## Disability Detail

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

## List of documents which you have attached :

- 1 Caste Certificate From the Competent Authorities
- 2 First Page Of Bank PassBook/Cancelled Cheque
- 3 Fee Receipt of Current Course Year
- 4 Self Attested Certificate of Previous academic marksheets
- 5 Income Certificate (Competent Authority)(Form no.16 required For Govt. Employee)
- 6 School Leaving Certificate (If Any)

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 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 :** 30/12/2024

**Verify Mobile Number :** Yes 30/12/2024

**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 :**