



## Department of Tribal Welfare

Student Application cum Verification Report for  
Post-Matric Scholarship **Fresh 2025-26**

1. Application No: <b>2025 1320 8572</b>	2. Application Date: <b>06-11-2025</b>	3. Caste / Sub Caste: <b>ST / Lambadis(Sl.No-29)</b>
4. Student Name : <b>PREETHI RATHOD</b>	5. Gender : <b>Female</b>	
6. Father / Mother Name : <b>PRABHU SINGH RATHOD</b>		
7. Address & Mobile No : <b>1286 indiranagar near gov hospital ,Ramchandrapuram , Tellapur ,SANGAREDDY &amp; xxxxxx1675</b>		
8. SSC HT No : <b>2316108493</b>	9. Pass Year -Pass Type : <b>2023-Regular</b>	10. Date of Birth: <b>13-08-2006</b>
11.Family Annual Income (in Rs.): <b>196000</b>		12. UID(aadhar) : <b>xxxxxxxx0710</b>
13. Income Certificate Details: <b>IC022545131477 , ,</b>		
14.College Details : <b>GOVERNMENT DEGREE COLLEGE FOR WOMEN BEGUMPET , Secunderabad,Hyderabad , Government College ,OSMANIA UNIVERSITY</b>		
15. Course Name /Course Year /Duration of Course : <b>B.Com(Computer Applications) / I Yr / 3Yrs</b>		
16. College Admission No / Admission Date(of this year): <b>TI2558225163 / 05-07-2025</b>		17. Distance (in Kms.) : <b>25</b>
18. Scholarship Type : <b>Day Scholar</b>		19. DAH Name : <b>-</b>
20. Bank Name / IFSC Code: <b>-TELLAPUR /UBIN0822671</b>		21. Bank A/c No : <b>226712010002197</b>

### I.Declaration

I hereby certify that that above information furnished is true. I have not availed any other scholarship for this purpose from any other sources. I shall abide by the terms and conditions of the sanction of the scholarship. If any discrepancies are found later, I hereby abide for refund of the scholarship amounts claimed and also am liable for action by the Department. .

Date :

**Signature of the Student**