

## GOVERNMENT OF GUJARAT

Submit Date : 01/12/2024

PM -YASASVI Post Matric Scholarship for OBC, EBC and DNT  
Students

Fresh Application

Application No:  
242500000001871125**Student Basic Details**

Name of Student : RAFIKBHAI UMATIYA RAFIYABEN	
Name of Student (As per Aadhar) : UMATIYA RAFIYABEN RAFIKBHAI	
Mother's Name : Rijvanaben	
Date of Birth : 03/04/2009	Gender : Female
Category : EBC(આર્થિક રીતે પછાત વર્ગ)	Religion :Islam
Caste :	
Aadhaar Status Verified: Yes(30/11/2024 19:23:05)	
Ration Card No. : 102006000438426	Ration Card Member No. : 102006000438426004
Name As Per Ration Card: (Umatiya Rafiyaben Rafikbhai / ઉમતિયા રફિયાબેન રફીકભાઈ )	
EKYC Status As Per Ration Card: Yes	EKYC Date: 30-09-2024
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): 60000	Habitation Type: Rural
Mobile Number : 9924267074	E-mail Address : umatiyarafik007@gmail.com
Aadhar No : 72xxxxxx6921	Parent/Guardian occupation: Agriculture(ખેતી)
Is Orphan: NO	Day Scholar / Hosteller : Day Scholar
Marital Status : Unmarried	Hostel Type:

Current Address:		Permanant Address:	
State	Gujarat	State	Gujarat
District	Banaskantha	District	Banaskantha
Taluka	Danta	Taluka	Danta
Village	Punjpur	Village	Punjpur
PinCode	385120	PinCode	385120
Address:At Post Punjpur Ta Danta Dist banaskanta		Address:At Post Punjpur Ta Danta Dist banaskanta	

**Student Bank Account Detail/Aadhar Bank Detail**

<input checked="" type="checkbox"/> I voluntarily give my consent to use my Aadhaar details.	
Aadhar Number : 72xxxxxx6921	Bank name : -
NPCI Date : 12/1/2024 12:00:00 AM	NPCI Status : Accept
<input type="checkbox"/> I am giving my consent for payment of scholarship amount in my bank account, linked with Aadhar.	
Account No : 35xxxxxx3589	IFSC Code : SBIN0010956
Student Name(As per Bank Name): UMATIYA RAFIYABEN RAFIKBHAI	
Name of Bank : STATE BANK OF INDIA	
Branch Name & Address : DANTA	
<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**

<b>Present Course/Class/Trade Type:</b> 11th Std/12 Std	
<b>Present Course/Class/Trade Name :</b> 11TH	
<b>Present Course/Class/Trade Year :</b> 11TH	
<b>Studying in :</b> Gujarat	<b>Enrollment No:</b>
<b>Present Institute District :</b> Banaskantha	<b>Present Institute :</b> PARIMALVIDYALAY PUNJAPUR (24020313303)
<b>Admission Type :</b> Regular Seat(Government Quota)	<b>Present Branch Course :</b> -
<b>Enter Your Research/Thesis Subject :</b>	
<b>Present Class Start Date :</b> 21-Jul-2024	<b>Present Course Completion Date :</b> 15-May-2025

Fees	Amount
Admission Fees (Rs)	10
Tution Fees (Rs)	0
Misc.Fee(NonRefundable Fees)	0
Exam Fees(Rs)	0
Total (Rs)	10

<b>Previous stream :</b> 10TH	<b>Previous Class/Course :</b> 10th
<b>Previous Passing Year :</b> 2024	<b>Previous (%) :</b> 66.74
<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	G S H E B GANDHINAGAR	A1147629	2024	66.74

## **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 marksheet
- 5 Income Certificate (Competent Authority)(Form no.16 required For Govt. Employee)
- 6 School Leaving Certificate (If Any)
- 7 School/College Current Year Bonafide Certificate

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 :** 01/12/2024

**Verify Mobile Number :** Yes 01/12/2024

**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 :**