

L.A.C :

(Fill all fields in BLOCK LETTERS) (Fields marked as \* are mandatory)

1. Name of Applicant: \*

2. Date of Birth: \* DD MM YY YY

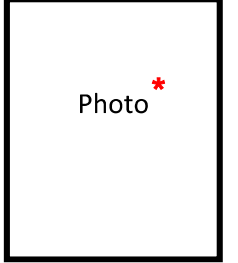
3. Gender: \*  Male  Female  Other

4.(a) Guardian's Name: \* 4(b).Guardian's Occupation: \*

4.(c) Relationship: \* (Tick One) Father / Mother / Spouse / Uncle / Aunt / Brother / Sister / Grandfather / Grandmother / Others  
(with Applicant)

5. ADDRESS IN FULL: (See Overleaf for Instructions on Address fields)

(a) District: \* (b) Circle: \*  
(c) Municipality (MC/MB/TC): \* (FOR URBAN AREA)  
(d) Ward: \* (e) Block: \* (f) G.P. / T.B.: \* (FOR RURAL AREA)  
(g) Village: \*  
(h) Post Office: \* (i) Police Station: \*  
(j) Locality: \* (k) PIN Code: \*



6.Caste: \*  General  ST(P)  ST(H)  SC  OBC  MOBC 7.Community:  Minority  Tea Tribes

8.Religion: \*  Hindu  Muslim  Christian  Sikh  Buddhist  Jain  Others 9.Mobile: \*

10.BANK AND PAN DETAILS:

(a) Bank Name: \* (b) Branch: \*  
(c) Branch IFSC: \*  
(d) Account No.: \*  
(e) Account Holder's Name: \* (f) PAN No.: \*

11. EDUCATION DETAILS:

(a) Qualification of the Beneficiary: \*  
**Details of Course for which benefit is sought for:**  
(b) Course Type: \*  HSLC  HSSLC  UG  PG  Vocational  Diploma  
(c) Course Name: \*  
(d) Name & Address of the Institution: \*  
(e) Date of Admission into the Course: \* DD MM YY YY

12. Whether any Family Member of the Beneficiary is a Government Employee: \*  YES  NO

13. Whether any Govt. Aid is received earlier under any Head? (If Yes, please give details) \*  YES  NO

14.(a) ID Proof Type: \* (b) ID Number: \* (c) Name on ID: \*

15. Enrolled in Aadhaar?  YES  NO (If YES, provide Aadhaar Number: )

16. Signature of the Head of the Institution with Seal \*  
Date: Seal & Signature of Head

17. Recommendation of the MLA concerned with Seal \*  
Amount Recommended: ₹  
Date: Seal & Signature of MLA

**Declaration:** (1) I hereby declare that the information provided above is true to the best of my knowledge.

(2) I hereby allow the usage of my Aadhaar Data for official purposes.

Date\* :-

Place\* :-

Signature of applicant \*

## INSTRUCTIONS FOR FILLING UP THE SUHRID FORM FOR EDUCATION BENEFIT

- All Form Fields marked as star (\*) are mandatory.
- All Form Fields must be filled in BLOCK LETTERS with a Blue/Black Ballpoint Pen.
- Please refer to the table below for instructions on how to fill some specific fields in the form:

Field No.	Details															
5.	For <b>URBAN</b> Area, “ <b>Municipality</b> ” is a mandatory field. [ <b>M.C</b> = Municipal Corporation, <b>M.B</b> = Municipality Board, <b>T.C</b> = Town Committee ] For <b>RURAL</b> Area, “ <b>Block</b> ” and “ <b>G.P. / T.B.</b> ” are mandatory fields. [ <b>G.P.</b> = Gram Panchayat, <b>T.B.</b> = Traditional Local Body ] In case of 6 <sup>th</sup> Schedule Districts, <b>T.B.</b> exists instead of G.P. Traditional Local Body can be <i>Autonomous Council Constituency, Autonomous District Council, VCDC, Village Development Committee, or Territorial Council.</i>															
7.	Community is optional. Only select an option if the Applicant belongs to one of the given communities.															
9.	10-digit Valid and Active Indian Mobile Number (for Contact/SMS Alerts)															
10. (a)	The Bank Account must be in one of the Nationalised Banks or Regional Rural Banks or Assam Cooperative Apex Bank.															
10. (e)	In case of Joint Bank Account, the names of both the persons should be filled in the field for “ <b>Account Holder’s Name</b> ”.															
11. (c)	<i>(Please Mention the terms given in <b>Bold</b> as the Course Name)</i> <b>HSLC: Class 10</b> <b>HSSLC (Higher Secondary): Commerce / Humanities / Science</b> <b>UG (Undergraduate Courses):</b> <b>Engineering</b> (eg. BE/B.Tech) / <b>Medical</b> (eg. MBBS) / <b>General</b> (eg. B.Sc., B.Com., B.A.) <b>PG (Postgraduate Courses):</b> <b>Engineering</b> (eg. ME/M.Tech) / <b>Medical</b> (eg. MD) / <b>General</b> (eg. M.Sc., M.Com., M.A.) <b>Vocational: Skill-Development</b> (Eg. Electrician, etc.) / <b>Others</b> <b>Diploma: Certificate Courses</b> (eg. DCA, etc.) / <b>Others</b> (eg. PGDCA, PGDM, etc.)															
13.	If the Applicant has received any Govt. Aid earlier, then the details of the Scheme/Head under which the aid was received must be specified in the space below point 13.															
14.	<b>List of Documents that serve as Valid ID Proof:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">PAN Card</td> <td colspan="2" style="text-align: center;">Passport</td> </tr> <tr> <td style="text-align: center;">Voter ID</td> <td style="text-align: center;">Driving License</td> <td style="text-align: center;">NREGA Job Card</td> </tr> <tr> <td colspan="3" style="text-align: center;">Photo ID issued by Recognized Educational Institution</td> </tr> <tr> <td colspan="3" style="text-align: center;">Certificate of Identity having photo issued by Gazetted Officer</td> </tr> <tr> <td colspan="3" style="text-align: center;">Address Card having Name and Photo issued by Department of Posts</td> </tr> </table>	PAN Card	Passport		Voter ID	Driving License	NREGA Job Card	Photo ID issued by Recognized Educational Institution			Certificate of Identity having photo issued by Gazetted Officer			Address Card having Name and Photo issued by Department of Posts		
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## GENERAL RULES FOR SUHRID BENEFICIARIES UNDER EDUCATION CATEGORY

1. Only one beneficiary may be selected from a particular family in one financial year.
2. Successful students will be eligible to get repeat financial assistance for the entire course period in his/her educational institution, but once only in an academic year.
3. General Category students will be eligible for Vocational education recognized by any Govt. University and Institution recognized under PMKVY.
4. The beneficiary should neither be from the MLA’s Family nor his/her relatives nor any Govt. employee or his/her dependents.

(FOR HON'BLE MLA'S RECORD)

Financial Assistance for **Education** Benefit under MLA Area Development Fund (SUHRID), Govt. of Assam

1. Beneficiary's Name: \_\_\_\_\_

2. Guardian's Name: \_\_\_\_\_

Relationship with Beneficiary: (*Tick One*)

Father / Mother / Spouse / Uncle / Aunt / Brother / Sister / Grandfather / Grandmother / Others

3. Address: \_\_\_\_\_

4. Institute's Name & Address \_\_\_\_\_

5. Course Name: \_\_\_\_\_

6. Amount Recommended: ₹ \_\_\_\_\_

7. Date of Recommendation: \_\_\_\_\_