

**Haryana State Council for Science, Innovation & Technology
(Directorate of Science & Technology, Govt. of Haryana)**

**KALPANA CHAWLA CHHATRAVRATI YOJNA
(For Engineering Students: Girls only)**

Enrollment Certificate

It is certified that Ms.. daughter of
..... Aadhar No..... is pursuing the following
course B.E B.Tech B. Arch B. Planning
Year of admission is: in the trade:
.....from our College/University. Presently she is studying in
..... Semester. She has got admission on the basis of IIT-JEE exam of year ____
on the basis of Advanced Mains ranking/Score (*Tick any one option Box*).

Name & Address of the University/Institute:
.....

Name, Signature and Stamp of the Head / Principal / Registrar / Director of the
College / University / Institute:

Date:

Place:

**Haryana State Council for Science, Innovation & Technology
(Directorate of Science & Technology, Govt. of Haryana)**

[Declaration of not availing any other Scholarship]

It is certified that I am not availing and not avail any other scholarship from any other department/Institute of State or Centre govt. except Kalpana Chawla Chhatravrati Yojna (For Engineering Students: for Girls only) from Haryana State Council for Science, Innovation & Technology (Directorate of Science & Technology) during my entire course. *Presently I am studying in semester of B.E/B.Tech/B.Arch/B.Plan course (tick whichever is applicable) in trade(Mention full name of trade here).....*

Signature of the student: _____

Name of student: _____

Date: _____

Place: _____

It is certified that Ms..... daughter of Aadhar No..... is student of our college/institute. She is not availing or not avail any other scholarship from any other department of State or Centre govt. except Kalpana Chawla Chhatravrati Yojna (For Engineering Students: for Girls only) scholarship.

Name & Address of the College/university/institute:

.....
.....
.....

Signature and Stamp of the Head / Principal / Registrar / Director of the College / University / Institute:

Date:

MEDICAL CERTIFICATE FOR PHYSICALLY HANDICAPPED

OFFICE OF THE CHIEF MEDICAL OFFICER.....

No.

Dated:

Certified that Km./Smt.

.....daughter/wife of

Sh. resident of District

.....appeared before the Medical Board for medical check-up. On

her Medical Examination, it is found that the nature of handicap/disability

is.....% and (as applicable), is as under:

- 1. Blind or Low vision:
- 2. Hearing impairment.....
- 3. Locomotor disability/cerebral palsy.....

Thus, the candidate is physically handicapped as per standard norms of Haryana.

(Signature of the Applicant)

Date :.....

Chief Medical Officer

Place :.....

.....

(Seal of the above authority)

*The handicap disability should not be less than 40%.

**CERTIFICATE REQUIRED TO BE FURNISHED BY CHILDREN/
GRANDCHILDREN OF FREEDOM FIGHTERS**

Certified that Km./ Smt.....
Daughter of Sh....., resident of (complete
address), Freedom Fighter of Haryana (Identity No.....) is
father/grandfather of Km./Smt. (Name of Candidate) of Village/
Town.....PoliceStation.....Tehsil.....
..... DistrictState.....

No.....
Date :.....
Place :.....

Deputy Commissioner of
District concerned of Haryana
(SEAL OF OFFICE)