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GOVERNMENT OF GOA
DIRECTORATE OF HIGHER EDUCATION
Goa Education Complex, Alto Porvorim-Goa.

Tel:2415585/2410824

Email: develop-dhe.goa@gov.in

No. DEV/SCHEME/172/D.B-ORPHANS/2024/2928 Dated : 12/07/2024

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To,

1. The Registrar, Goa University, Taleigao Plateau, Goa
2. The Principals of all Aided and Government Colleges.

Sub:- Dayanand Bandodkar Scheme for Higher Education
for Orphans for the year 2024-25

Sir/Madam,

I am directed to invite your attention to "Dayanand Bandodkar Scheme for Higher Education for Orphans".

In this connection you are requested to submit your proposal under the scheme for the year 2024-25.

You are requested to properly scrutinize the applications/documents and submit your proposal as per guidelines enclosed with this letter **by or before 14th August, 2024**.

The proposal should be accompanied by all the necessary documents as mentioned in the Scheme and as per the enclosed guidelines. (Copy of Scheme along with annexure mentioning documents to be enclosed is attached herewith)

Yours faithfully

(Deepi D. Gaonkar)

Dy. Director (Development)

Encl : as above

GUIDELINES

Colleges to submit the Documents in the following chronological order, while submitting their proposal under the "**Dayanand Bandodkar Scheme for Higher Education for Orphan**"

1. Covering Letter of the College
2. Statement (Format enclosed)
(to be prepared in Excel and to be mailed on email develop-dhe.goa@gov.in)
3. Application Form (Format enclosed)
4. Residence Certificate : Born in Goa/15 yrs residence
5. Passing Certificate of last qualifying examination from any institute from Goa affiliated to Goa University
6. Death Certificate of Parents
7. Aadhaar Card Copy
8. Fee Receipt (Fees paid by the student)
9. Total Fees of the Course as per the Fee Structure



ANNEXURE – A
(To be filled by Students)

DAYANAND BANDODKAR SCHEME FOR HIGHER EDUCATION FOR ORPHANS

FORMAT FOR APPLICATION

1. Name of the Applicant.....
.....
2. Address of the Applicant.....
.....

Phone No.....Mobile No.:
3. (a) Course for which admission is sought.....

(b) Duration of the Course:
4. Total amount of Fees Paid:
- (please attach fee receipt)
5. Name of the Guardian:
6. Address of the Parent / Guardian:.....
.....

Phone No..... Mobile No.
7. Date, Month and Year of father's Death
- (please attach death certificate)
8. Date, Month and Year of mother's Death.....
- (please attach death certificate)
9. No. of years of Residence in Goa :
(please attach Residence Certificate)

DECLARATION

I hereby certify that the information furnished by me above is true to the best of my knowledge. I am aware that in case of false information all the benefits granted to me shall be immediately withdrawn.

.....
Signature of the students

.....
Countersigned by Parent/Guardian