

# “ଅନ୍ୱେଷା” ଶିକ୍ଷା ଯୋଜନାରେ ଦରଖାସ୍ତ ଆବେଦନ ନିମନ୍ତେ ବିଜ୍ଞାପନ

ଜିଲ୍ଲାପାଳଙ୍କ କାର୍ଯ୍ୟାଳୟ, କୋରାପୁଟ


ଅନୁସୂଚିତ ଜନଜାତି ଓ ଅନୁସୂଚିତ ଜାତି ଉନ୍ନୟନ ଉପ-ବିଭାଗ

ପତ୍ର ସଂଖ୍ୟା.....୨୮୯.....

ତାରିଖ ୨୪.୦୯.୨୦୨୪

ଏତଦ୍ୱାରା କୋରାପୁଟ ଜିଲ୍ଲା ର ଅନୁସୂଚିତ ଜନଜାତି (ST) ଓ ଅନୁସୂଚିତ ଜାତି (SC) ଅଭିଭାବକ ମାନଙ୍କୁ ଜଣାଇ ଦିଆଯାଉଅଛି କି, ଯେଉଁ ଅଭିଭାବକମାନେ ଆସନ୍ତା ଶିକ୍ଷା ବର୍ଷ ୨୦୨୪-୨୫ ରୁ ଅନୁସୂଚିତ ଜନଜାତି ଓ ଅନୁସୂଚିତ ଜାତି ଉନ୍ନୟନ ବିଭାଗ, ଓଡ଼ିଶା ସରକାରଙ୍କ ନିର୍ଦ୍ଦେଶକ୍ରମେ ‘ଅନ୍ୱେଷା’ ଯୋଜନାରେ ପିଲାମାନଙ୍କୁ ଇଂରାଜୀ ମାଧ୍ୟମ ବିଦ୍ୟାଳୟ (ପବ୍ଲିକ୍ ସ୍କୁଲ) ଗୁଡ଼ିକରେ ପ୍ରଥମ ଶ୍ରେଣୀ ରୁ ପଢ଼ାଇବାକୁ ଇଚ୍ଛୁକ, ସେମାନେ ନିର୍ଦ୍ଧାରିତ ଫର୍ମରେ ଆବଶ୍ୟକୀୟ ନଥିପତ୍ର ସହ ଦରଖାସ୍ତ ନିଜ ବ୍ଲକ ର ସମ୍ପୃକ୍ତ ମଙ୍ଗଳ ସମ୍ପ୍ରସାରଣ ଅଧିକାରୀଙ୍କ (Welfare Extension Officer) ନିକଟରେ ଆସନ୍ତା ତା: ୨୯.୦୯.୨୦୨୪ ରିଖ ସୁଦ୍ଧା ଦାଖଲ କରିବେ ।

କେବଳ କୋରାପୁଟ ଜିଲ୍ଲା ର ୪୦ ଛାତ୍ର ଓ ୯୦ ଛାତ୍ରୀଙ୍କ (ମୋଟ - ୧୩୦) ନିମନ୍ତେ ଆସନ୍ତା ଶିକ୍ଷାବର୍ଷ ପାଇଁ ଆବେଦନ ପତ୍ର ଗ୍ରହଣ କରାଯିବ । ସାମାଜିକ, ଅର୍ଥନୈତିକ ଜାତିଭିତ୍ତିକ ଜନଗଣନା-୨୦୧୧ ର ଅନ୍ତର୍ଭୁକ୍ତ ଥିବା ଅନୁସୂଚିତ ଜନଜାତି (ST) ଓ ଅନୁସୂଚିତ ଜାତି (SC) ଅଭିଭାବକ ମାନଙ୍କ ପିଲାମାନେ ଯେଉଁମାନଙ୍କର ବୟସ ୩୧.୦୩.୨୦୨୪ ସୁଦ୍ଧା ୫ ବର୍ଷ ପୂରଣ ହୋଇଯାଇଥିବ ଏବଂ ୭ ବର୍ଷ ରୁ କମ୍ ହୋଇଥିବ, ସେମାନେ ଦରଖାସ୍ତ ଫର୍ମ ନିଜ ବ୍ଲକ ରେ ଥିବା ଗୋଷ୍ଠୀ ଉନ୍ନୟନ ଅଧିକାରୀଙ୍କ କାର୍ଯ୍ୟାଳୟରେ ମଙ୍ଗଳ ସମ୍ପ୍ରସାରଣ ଅଧିକାରୀଙ୍କ (Welfare Extension Officer) ଠାରୁ ଦରଖାସ୍ତ ଫର୍ମ ନେଇ ଆବେଦନ କରିପାରିବେ । ଦରଖାସ୍ତ ଫର୍ମ ଏବଂ ଅନ୍ୟାନ୍ୟ ସୂଚନା ଜିଲ୍ଲା website – [www.koraput.nic.in](http://www.koraput.nic.in) ରେ ମଧ୍ୟ ଉପଲବ୍ଧ ଅଟେ ।

  
ଜିଲ୍ଲାପାଳ, କୋରାପୁଟ

**Application for selection under Urban Education Programme  
“ANWESHA” for 2024-25**

1. Name of the Child :
2. Date of Birth  
(Attach a copy of birth certificate)
3. Sex :
4. Caste Category (ST/SC) & Sub Caste :
5. Whether belonging to any particularly Vulnerable Tribal Group, specify :
6. Home Language :
7. Name of Father :
8. Name of Mother :
9. Name of Guardian (applicable if parents are no more):

Affix a passport  
size photo of the  
child

10. Present address of Parents / Guardian:

- a. Village:                      b. GP:                      c. Block:                      d. District:

11. Major Occupation of the Parents / Guardian:

12. Contact Number of Parents / Guardian

**13. House Holds coming under Compulsory Inclusion under Socio Economic Caste Census-2011:**

*(put ✓ in the appropriate box)*

a. Households without shelter

b. Destitute / Living on alms

c. Manual Scavengers

d. Primitive Tribal Groups

e. Legally released bonded labourers,

The poorest of the poor (Ultra Poor)

**14. Deprivation Criteria under S.E.C.C. – 2011**

a. Households with only one room, kutchha walls and kutchha roof:

b. No adult members between ages of 16 and 59:

- c. Female headed households with no adult male member between 16 and 59:
- d. Households with disabled members and no able-bodied member:
- e. SC / ST Households:
- f. Households with no literate adult above 25 years:
- g. Landless households deriving a major part of their income from manual casual labour:

15. Whether under BPL category (if yes attach a copy of BPL card) :

16. Has the child attended / completed Pre-School Education in any Anganwadi / Pre-School Centre:

17. Health profile of the child :

- a. Blood Group : .....
- b. Height in Cms. : .....
- c. Weight in Kgs. : .....
- d. Any identification Marks : .....
- e. Whether basic immunization has been completed? If no, please mention the Dose with due date: .....
- f. Whether the child suffers from any Communicable Disease ? If yes, please mention the disease and the line of treatment : .....
- g. Whether the child suffered from any major health problem / disorder in last three years? If yes, mention the details: .....

18. Whether the child is desires to avail Hostel facility (Yes / No) :

*Signature / Thumb Impression of Parent / Guardian*

### **Declaration**

*I Shri / Smt ..... , S/o / W/o .....  
resident of village: .....Po: ..... , PS: .....  
Block: ..... District: ..... , do hereby declare that all the  
statement and documents furnished in this application are correct and true to the best  
of my knowledge, if any statement / document found incorrect / false in future, I shall  
be held responsible and my application shall be rejected.*

*Signature / Thumb Impression of Parent / Guardian*

### **Notice:**

- 1. Copy of the Certificate of Date of Birth, Aadhar Card, BPL Card and Caste Certificate to be enclosed with this form*
- 2. The candidate should come under the category of compulsory inclusion and at least one deprivation criteria (any one out of seven deprivation criteria)*