



## GOVERNMENT OF ASSAM, DIRECTORATE OF WELFARE OF PLAINS TRIBES & BACKWARD CLASSES, ASSAM, RUKMINI NAGAR, DISPUR LAST GATE, GHY-6

email: <a href="mailto:wptbc.scholarship@gmail.com">wptbc.scholarship@gmail.com</a> website: <a href="mailto:www.directorwptbc.assam.gov.in">www.directorwptbc.assam.gov.in</a>

To,

## The Director, WPT & BC, Assam

Dispur, Ghy-06

Sir

Sir,																
	Kindly	issue	USER	ID d	and	Password	in f	avour	of	the	Head	of t	the	Instituti	ion o	)f
								(Na	me	of th	ne inst	itutio	n) fo	or verifi	catio	n
of o	nline app	plicatio	ons unde	er Nat	tiona	l Scholarsh	nip Po	ortal (N	ISP)	for	the ye	ar <b>20</b> 2	<b>20-</b> 2	21.		

## Provide the necessary information for USER ID & PASSWORD:

Sl No	All fields are to	be filled in Block Letters only						
1	Name of the Institution							
2	Name of the Head of the Institution							
3	Aadhar No.							
3	(Enclose copy of Aadhar)							
4	DISE/ AISHE/ ITI (NCVT) code							
5	Address of the Institution	Village/ City :- PO :- PIN :- District :- State :-						
6	Nature of the Institution (Govt./Private/Provincialised etc.)							
7	Name of Board/University							
8	Course Level offered							
9	Total Strength of the Institution							
10	Mobile No. of the Head of the Institution (ID & Password will be delivered in this number)							
11	Email ID of the Institution							
12	<b>Declaration:</b> I declare that the above informations are true and correct to the best of my knowledge and belief.							
	Place :- Dated:-	(Signature of Head of Institution with seal)						

\*\* N.B:-

Please keep your ID & Password confidential as verification of scholarship applications and controlling other operations under NSP will completely be the responsibility of the Head of the Institution.