

GOVERNMENT OF NAGALAND
DIRECTORATE OF SOCIAL WELFARE
NAGALAND : KOHIMA

Scholarship for Persons with Disabilities.
(Funded by Government of Nagaland)

Guidelines for Scholarship for Persons with Disabilities, 2026.

<https://scholarship.nagaland.gov.in>

Online application: 1st August to 30th November 2026.

Last date of online verification by District Welfare Officers: - 15th December 2026

Eligibility: -

A student should fulfil the following criteria to be eligible for this Scholarship.

1. Scholarship for Persons with Disability will be applicable for all the inhabitants of Nagaland.
2. Application must be from Institution which has valid AISHE/UDISE code.
3. The Annual Income of the applicant's parents/guardians from all sources must not exceed Rs. 2.50 lakh (Rupees two lakh fifty thousand)
4. Disabled Students should have the benchmark disability (40% and above) to be admissible under this scheme.
5. Scholarship for Persons with Disabilities will be applicable from Class I to Class VIII.
6. Students who have failed in their last examination (repeaters) are not eligible to apply.
7. Applicants must not be a beneficiary of any other scholarship scheme.
8. Scholarship will be provided to all types of disabilities as defined in the Rights of Persons with Disabilities Rules 2017.

Instruction/Information.

1. **Fresh Application:** - All eligible students of Persons with Disability from Class I to Class VIII shall apply as Fresh Applicant by furnishing photo copy of Progress Report of the last class/year passed.
2. **Renewal Application:** - Renewal of application is meant only for those beneficiaries of 2025-26 period who have passed the last examination by furnishing Xerox copy of Progress Report of the last class/year passed.
3. The Student should have a valid account in a Scheduled Bank seeded with Aadhaar and mobile number.
4. The Department will not be responsible for non-receipt of scholarship amount due to wrong/inactive bank account details provided by the applicant.
5. Applicant is warned that if he/she gives false statement/declarations/documents etc. or otherwise obtained scholarship through fraudulent means, he/she will be blacklisted and debarred from getting scholarship under this scheme or any other scholarship schemes for the entire period of his/her studies. The scholarship amount if already paid will also be recovered.
6. Incomplete/wrong entries in the e-form or incomplete enclosure of necessary documents will be subjected to rejection. Correction/rectification after online submission will not be entertained.

Documents required for Fresh Application: -

1. Xerox copy of Progress Report of the last class/year passed.
2. Disability Certificate/UDID Card.
3. Xerox copy of the front page of Bank Passbook.
4. Original Income Certificate Annexure – I/Annexure – II.

Documents required for Renewal Application: -

1. Xerox copy of Progress Report of the last class/year passed.
2. Disability Certificate/UDID Card.
3. Xerox copy of the front page of Bank Passbook.
4. Original Income Certificate Annexure – I/Annexure – II..

Online application: - 1st August 30th November 2026.

Last date of online verification by District Welfare Officers: - 15th December 2026.

Contact details: - 8257866092/7005337521(Scholarship Section).

Sd/-
Director
Social Welfare Department
Nagaland::Kohima

TO BE SIGNED BY THE HEAD OF THE INSTITUTION

1. I hereby certify that Mr/Ms. Daughter/Son of
..... is a regular student of Cass during the current
academic session and he/she is not a repeater in the same class.
2. The Institution is recognised by the Government of Nagaland and the Recognition No. is
.....
3. I undertake that if the applicant leaves the institution/discontinue studies /accept any other
scholarship/fail to secure 75% attendance in classes the fact will be reported to the Director,
Social Welfare, Nagaland Kohima.

Date: -

Signature of the Head of the Institution

Place: -

.....

Office Round Seal

Name in Block Letters.....

Designation with Seal

Fax No./email.

Office Telephone No.....

Full Postal Address of the Institution with Pin Code.....

.....

.....

N.B: - 1. Stamped Signature will not be accepted. 2. Official Seal of the Head of the Institution and Round seal of the Institution are compulsory. 3. Application form will be rejected if found incomplete/if there are signs of over-writing. 4. The application form will be rejected if full address and particulars of the Institution are not clearly indicated.

INCOME CERTIFICATE
(For employed parents/guardians only)

DECLARATIONS

I do hereby solemnly affirm and declare as follows: -

1. I am employed as (designation of office job) in
..... Establishment (mention govt. or private)
.....
2. My total income from my salary per month is Rs.
(in words rupees)
3. My total income per month from other sources is Rs.
(in words rupees)
4. Thus my over all total income from all source per year is Rs.
(in words rupees)

Date: -	Signature of the parent/guardian
Place: -.....	Full name (in block letters)
	Address in full
	
	Phone No: -

To be certified by the employer

Certified that the statements made by the employed serving under me are true.

Date:-	Signature of head of office or establishment.....
Place: -.....	Full name (in block letters)
	Name & Address of the office/establishment.....
	
	Phone No.....

Round seal of the office

INCOME CERTIFICATE

Unemployed and self employed parent/guardian.

(words given in this format are to be typed out on non-judicial paper of Rs. 20/- (rupees twenty) only and countersigned by the designated/empowered judicial magistrate or notary public in the presence of the parents/guardian)

DECLARATIONS

I, Shri/Smti. do hereby solemnly affirm and declares as follows: -

1. I am the father/mother/guardian of Mr/Ms..... who is applying scholarship for Persons with Disabilities.
2. I am not employed in any government/private office/establishment/institution.
3. My total income from all sources in a month is Rs.
(in words rupees)
4. My total income from all sources during the past twelve months (one year) is Rs.
..... (in words rupees
.....)

Date: -..... Signature of the parent/guardian.....
Place: -..... Full name (in block letters)
Address in full.....
.....
Phone No.....

Identified and verified by me and solemnly declare before me by the deponent/parent/guardian.

Date: -..... Signature : -.....
(of the competent judicial magistrate or notary public)

Full Name: -

Designation:-

Office seal: -----