

Cost Rs 2

APPLICATION FOR THE AWARD OF SCHOLARSHIP TO THE CHILDREN OF  
EX-SERVICEMEN FROM THE DEPARTMENT OF SAINIK WELFARE  
KERALA STATE FOR THE ACADEMIC YEAR .....  
[G O (P) No.102/79/GAD dated 12-2-1979]

1.	Name of Student (in block letters)	
2.	Date of Birth male/female	
3.	Class in which studying and school/college	
4.	Whether a first year or a failed student in the Present class	
5.	Name and address of the ex-servicemen	
6.	Regiment No, rank and unit last served	
7.	Period of service	From To
8.	Reasons for leaving service	
9.	Character assessed on discharge, Discharge Certificate No date and office of issue	
10.	Whether alive, if not, cause of death and date	
11.	Name of mother/guardian and address, if father is dead	
12.	If mother is dead, date of death	
13.	Relationship of the student with the guardian (where applicable)	
14.	Annual income of the student and ex-servicemen/ widow/widower/guardian including pension separately	
15.	If any grant concession/scholarship/merit scholarship/ national loan scholarship etc, has been applied for or allowed in respect of the same student for the current academic year, give details	
16.	Following certificates are enclosed	

Station :

Signature of the Student

Date :

Signature of the Ex-Servicemen/Widowed mother/Guardian

(To be filled by the Head of the Institution)

17	Whether the institution is of the government or recognised/approved/aided/by the Government	
18	Class in which the student is studying and group subjects, if applicable	
19	Total marks obtained previous year, percentage of marks, name of examination	
20	Relationship of the student with the person named in column 5 or 11 as per the institution records	
21	Details of fees to be paid by the student for the current academic year  (a) Tuition fees Rs.  (b) Public examination fee Rs.  (c) Other item of fee Rs.	
22	Is the student enjoying /or he has applied for any grant/concession/merit scholarship/national loan scholarship etc (give details)	
23.	Is the student's progress satisfactory	
24	Is the student nominated by you or the Director of Technical Education for this Scholarship, if so, letter number and date (where applicable)	

(Office seal)

Station:

Date:

Signature, designation and name of the  
Head of the Institution

RECOMMENDATION OF THE SAINIK WLEFARE OFFICER

- 25 I have checked the particulars given above, together with the certificates
- 26. The applicant is qualified for the scholarship. An amount of Rs.....  
..... is recommend.
- 27. The applicant is not qualified for the scholarship for the following reasons.

Date: Zila Sainik Welfare Officer  
(Office seal)

ORDERS OF THE DIRECTOR SAINIK WELFARE

- 28. I have checked the application. The applicant is qualified/not qualified for the scholarship
- 29. An amount of Rs            Rupees..... is sanctioned.

ORDERS OF PAYMENT

- 30. I have toady paid Rs..... by cheque/cash in full payment of scholarship sanctioned.

Paid	Received
Zila Sainik Welfare Officer	Father /mother /Guardian

Date Date:

(Office seal)

**Certificate**

I, ..... son/daughter ..... of No .....  
Rank ..... Name .....

Certify that I shall complete my studies in the present academic year ..... and if  
discontinued for reasons other than illness I shall refund the grant in full.

Signature of the Student

**Countersigned**

Date :

Place :

Signature of the Guardian