SOUTHERN RAILWAY

ASSISTANCE FROM STAFF BENIFIT FUND

Application for fresh/Renewal of Scholarship for Higher Technical /Professional Education (DEGREE COURSES) For Wards of all Non-Gazetted Staff

(Separate application forms to be submitted for each child)
(Maximum 2 children at a time only)

Affix Latest passport size photograph of the ward (Photo to be attested by Institution/College Authority)

| 1 | Name of the Employee | | | | | | |
|------|---------------------------------------------------------------------------|----|-----------|----|---------------|--------|----|
| 2 | Designation/Office/Division/Unit | : | | | | | |
| 3(a) | PF Number | 1 | | | | | |
| (b) | Staff/Ticket No. | : | | | | | |
| 4 | Bill Unit No. | : | | | | | |
| 5 | Station/Bill preparing Office | : | V | | | | |
| 6 | Level in Pay Matrix | * | Pay Rs. | | Grade Pay Rs. | | |
| 7 | Whether the employee belongs to SC/ST/OBC/UR (Tick(√) relevant column) | * | SC | ST | OBC | | UR |
| 8 | Name of the ward for whom scholarship is applied (Tick(√)relevant column) | * | Name | | Male | Female | |
| 9 | Date of Birth of Son/Daughter for whom scholarship is applied | ** | Day Month | | • | Year | |
| 10 | Residential Address | | | | | Th. | |

| 11 | Telephone Numbers(with STE Code) |) | | Re | ailway: esidence obile: | : | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|------|-------------------------------|----------------|-------|----------------------------|------------|----------------------------|-----|----|-----|--|
| 12 | Details of Institution/Courses and duration of the Course, the ward is now studying: | | | | | | | | | | | | | |
| | Name of the Institution with Address | Course | | | Duratio Course | Course | | Date of joining the Course | | Indicate the year of Study | | | | |
| | | | | | From | То | Journ | | 1 | 11 | 111 | IV | V | |
| | | | | | | | | | | | | | | |
| 13 | Fees paid for the current year | r 1 | | | ear | | | | Amount Rs. | | | | | |
| Bank account in the name of ward is mandatory if the ward is a major (Copy of first page of savings Bank Pass Book to be enclosed) | | | | | | | | | | | | | | |
| | Name and Address of the Bank | | | | Savings Bank Account Number | | | | | | | | | |
| | | | | | MICR | No. | | IFSC | C No | | | | | |
| 15 | In case of minor joint account with the employee is mandatory (Copy of first page of savings Bank Pass Book to be enclosed) | | | | | | | | | | | | | |
| | Name and Address of the Bank | | | | Savings Bank Account Number | | | | | | | | | |
| | | | | 4.4 | MICR | No. | | IF | SC | No. | | | | |
| | | | | | | | | | | | | | 245 | |
| 16 | Amount of scholarship receive the previous year from CSBF | | ing | 1.0 | Year | | | Amount Rs. | | | | | | |
| 17 | Whether the scholar referred to above is in receipt of scholarship or stipend | | ; | Year | | | No | | | | | | | |
| | or free concession from any other source? If so, give complete details thereof (Tick(√) relevant column) | | | | | | | | | | | | | |
| 18 | Has He/She applied for any other Scholarship under SBF for the current Year? If so, give complete details thereof (Tick(√) relevant column) | | | Yes | | | N | lo | | | | | | |
| | | | | | _ | T _r | | | | | | • | | |
| 19 | If any other child is getting Scholarship from SBF? Give | details | | | Yes/No Details | o(Tick(\ s: | √) | | | | | | | |

| Certify that: | | | |
|-------------------------------|-----------------------------------------------------------------|---------------------------------|-----------------------------|
| is (b) Pa de (c) All | enjoying the educational articulars shown regarding eclaration. | Son/Daughter | rnished by me in pass |
| Station: | *************************************** | Signature of the employ | /ee: |
| Date : | | Designation | 1 |
| Certifi | ied that the particulars (| given against columns 1 to 19 | are correct |
| Station: | | Signature of the immediate | e supervisor: |
| Date : | manuaria - 5 | Designation : | |
| | CERTIFIC | ATE BY DEPARTMENT | |
| The particul | ars furnished against colu | umns 1 to 19 above have been | checked and found correct. |
| | to the Chairman, Central 9 0003 for consideration. | Staff Benefit Fund Committee, | General Manager's Office, |
| Station: | | | |
| Date : | *************************************** | Signature and d | esignation of the fficer |
| CERTI | FICATE BY THE EDUCA | ATIONAL INSTITUTION/COLL | EGE/UNIVERSITY |
| Certifie | ed that | | (student's name) is a |
| bonafide st | tudent of this institution | | (name of the Institution) |
| and is study | ying in | (name | of the course) |
| (discipline) | (I/II/III/IV/V year (year in v | which studying) during the acac | lemic year |
| Station: . | | | |
| Date : | | 1 | |