Education Department Puducherry

APPLICATION FOR AWARD OF "PERUNTHALAIVAR KAMARAJAR FINANCIAL ASSITANCE" TO Ist YEAR / IInd YEAR (LATERAL ENTRY) STUDENTS FORWARDING CERTIFICATE

(This certificate should not be filled-in by the applicant. It should be filled-in by the Head of the Institution in which the applicant is a student in 200 - 200)

	montation in the approach to a sta	
1.	Name of the student (in BLOCK LETTERS)	:
2.	Name of the Examination Passed	:
3.	Name of Father / Guardian	:
4.	Class to which admitted {I Year / II Year (Lateral Entry)}	:
5.	CENTAC No. and Year (A copy of the CENTAC selection order to be closed)	:
6.	Year of Admission	
7.	The date on which the student joined the institution for the academic year 200 - 200	: Date Month Year
8.	Year of passing	
9.	Marks secured by the student and maximum marks	:
10.	Percentage of marks	:
11.	Community (Copy of the Community Certificate to be enclosed in the	: SC / ST / MBC / OBC / Gen
12.	case of SC/ST/MBC/OBC) The month and year in which the Annual University Examination will be ordinarily be over	:
13.	for the present class Students Bank A/c Details (a) Name of the Bank & Branch	
	(a) Name of the bank & Branch	•
	(b) Bank Account No. (Attested copy of the 1 st Page of Bank Pass Book (or) Statement of A/c should be enclosed)	
	Certified that the particulars furnished above het. The application form has also been scrutinized date deserves to avail financial assistance.	
Place	:	
Date :	: e Seal)	Signature of the Principal / Registrar

CHECK LIST FOR SCRUTINY OF APPLICATIONS FOR THE AWARD OF PERUNTHALAIVAR KAMARAJAR FINANCIAL ASSISTANCE TO THE STUDENTS STUDYING ______ COURSE

1.	Name of the student (in BLOCK LETTERS)	:		
2.	Class	:		
3.	Name of the Institution where studying at present	:		
4.	Qualifying Examination	:		
5.	Total aggregate marks	:		
6.	Percentage obtained in the above examination	:		
7.8.	Whether the applicant is already in receipt of any other Scholarships, <i>i.e.</i> National Scholarship Scheme / Pondicherry State Post-Matric Scholarship / Scholarship from A.D. Welfare Whether the following enclosures attached to the applications			
	i. Income Affidavit and Schedule of Property / Source of Income	:		
	ii. Attested copy of the mark sheets for the last Board / University Examination	:		
	iii. Community, Nationality and Residence Certificates	:		
9.	Whether all the columns of the application duly filled in or not			
10.	Remarks			

Signature of the Head of the Institution

ANNEXURE – I (Rule IV)

APPLICATION FORM FOR PERUNTHALAIVAR KAMARAJAR FINANCIAL ASSISTANCE TO

Т	HE STUDYING		COURSE
be	Each item should be read carefully before the for inge will be permitted after has been submitted. If any incorrect, the Financial Assistance, if awarded, will icelled forthwith	y entry is found to	Passport size photograph to be pasted here
II. dat	Incomplete statement or statements received aft e will not be considered.	er the prescribed	
1.	Name in full stating whether Shri/Smt./Kum. (in BLOCK LETTERS)	:	
2.	(a) Exact date of Birth (In Christian era)	Date Month	Year
	(b) Place, District and State of Birth (Nationality and Residence Certificate to be attached)(c) Residential address of candidate	: : : : : : : : : : : : : : : : : : :	
3.	Details of parents (a) Name	Father	Mother
	(b) Nationality		
	(c) Whether alive		
	(d) Occupation		
4.	Total monthly Income of Parent (See note 4 of Income Affidavit Pro forma). If, however, the applicant's father is dead the income of the widowed mother should be mentioned. If the applicant's father and mother are dead and he/she is looked after and supported by a guardian, then the income of the scholar alone from property, share or any other source should be mentioned. An Income Affidavit as in the form enclosed should be produced in support of this column.	:	

5. Particulars of School / College / Institution last attended

Name of School / College / Institution	Date of Entry	Date of Leaving	Year	Remarks, if any
(1)	(2)	(3)	(4)	(5)

6. ((a)	Name	of the	last	examination	passed
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- (b) Year of passing
- (c) Name of the authority (Board or University) : which conducted the examination taken by the applicant together with the place of its headquarters
- (d) Roll No.
- (e) Total number of marks for the examination as a whole including the marks in the optional paper / papers, if these are counted by Board, University in awarding division (Attested copy of the marks sheet should be attached)
- (f) Percentage of marks obtained in the aggregate
- 7. If the candidate is in receipt of any Scholarship or : Scholarships from a State Government or any other institution or persons, particulars should be given including the monthly rate and date from which the Scholarship is being drawn
- 8. (a) Name and address of the institution where the : Scholar has been admitted
 - (b) Course of Study :
 - (c) Duration of the Course

9.	List of enclosures sent with the statement (please strike out that which is not applicable)
	(a) Income Affidavit and Schedule (Calculation of : Income to be attached in the case of Salaried persons only)
	(b) Attested copy of mark sheet for the last Board / University Examination
	(c) Community, Nationality and Residence Certificate
	Certified that the statements made by me in this form is correct.
sou	I declare that in case, I am selected for the Financial Assistance I shall devote my fue to the course of study, and that I shall not received another Scholarship from any otherce. I shall seek permission from the Director of Higher & Technical Education in case er to shift to another course in future.
Plac	ce:
Date	e: Signature of Student
	Countersigned
	Signature of the Principal / Registra
(Off	ice Seal)

ANNEXURE - II

INCOME AFFIDAVIT

[Rule VII(3)]

DECLARATION OF INCOME FOR THE YEAR 200 - 200 (ENDING 31ST MARCH OF A YEAR) FOR PURPOSE OF FINANCIAL ASSISTANCE UNDER THE SCHEME PERUNTHALAIVAR KAMARAJAR FINANCIAL ASSISTANCE TO THE STUDENTS STUDYING

ASSISTANCE TO THE STUDENTS STUDYINGCOURSE		
l,	(Name of Father / Mother) Son /	
Daughter of Thiru.Tmt	at present residing	
at		
solemnly affirm and says as follows:-		
the student) who is applying for the Perunthalaivar Finance Assistance to	u/Selvi(Name of e grant of Financial Assistance under the Scheme o the students studying	
Rs (Rupees only) as per details furnished in th particulars of property held by me are	the preceding year ending 31st March 200 is e Schedule hereunder written. I also affirm that as shown in the Schedule and that I have correctly es, cesses and land revenue paid by me. I make facts and figures furnished.	
3. That the statements made in t	the foregoing paragraphs are true to my knowledge.	
Declaration being found to be false double the amount of the Financia	at in the event of the particulars given in this , I shall refund to the Government of Puducherry al Assistance paid to the said Awardee and the the Declaration of particulars is false shall be final	
sc	CHEDULE	
	Signature	
Signature of Executive Magistrate	Name in full :	
(To be signed in the presence of Executive	ve Magistrate who affixes his seal and signature)	

SCHEDULE

(All the columns in the Schedule should be filled in properly by Words and not by Dashes or Dots)

l.	Exter	nt of land held and income –						
	(a) In	Independently as owner -						
	i)	Area	:					
	ii)	Village	:					
	iii)	Survey No.	:					
	iv)	Land Revenue Assessment	:					
	v)	Annual Income	: Rs.					
	(b) Jo	ointly as owner -						
	i)	Area	:					
	ii)	Village	:					
	iii)	Survey No.	:					
	iv)	Land Revenue Assessment	:					
	v)	Annual Income	:Rs.					
	(c) In	dependently as tenant -						
	i)	Area	:					
	ii)	Village	:					
	iii)	Survey No.	:					
	iv)	Land Revenue Assessment	:					
	v)	Annual Income	:Rs.					
	(d) Jo	pintly as tenant -						
	i)	Area	:					
	ii)	Village	:					
	iii)	Survey No.	:					
	iv)	Land Revenue Assessment	:					
	v)	Annual Income of the Scholar's Father /	:Rs.					

Mother

II.	Property held and Income (Houses, shop, buildings, house-sites, etc.) i) House No.	:
	ii) Street / Road	:
	iii) Village / Town / City	:
	iv) Area of Site	:
	v) Rent derived, if any	:
	vi) House Tax Paid	:
	vii) Sanitary cess or other house taxes paid	:
	viii) Net Annual Income after deduction of	:
	items (vi) and (vii)	
III.	Income from shops	
	i) Address of Shop	:
	ii) Nature of trade	:
	iii) Sales / Tax Income Tax Paid	:
	iv) Licence No.	:
	v) Rent derived, if any	:
	vi) Annual Income	: Rs.
IV.	Salaries drawn	
	i) Name of the employer	:
	ii) Office / Unit in which he is working and	:
	designation	:
	iii) Address of Office	:
	iv) Annual emoluments for 200 200	:
	Break up for annual emoluments -	
	Basic Pay	: Rs.
	D.A. / A.D.A.	: Rs.
	H.R.A. etc.	: Rs.
	O.T.A. / Bonus	: Rs.
	Others	: Rs.
	Total	: Rs.

(Annexure has to be attached from the Pay Drawing Officer in respect of salaried person)

٧.	Other	Source	of	Income
		Outloc	OI.	

i) Income from subsidiary industries / Part : Rs. time occupation

ii) Amount drawn as wages : Rs.iii) Any other income : Rs.

VI. Annual Income of wife and the scholar from any : source

VII. Total income of the family for the whole year : Rs.

200___ - 200____

Average Income of the family for one month : Rs.

Signature of the Parent of Scholar

Note:

- (1) Total Income of the family should include income of father, mother and the scholars and of no other members though they may be earning.
- (2) If father is dead then mother's income will be shown alongwith the income, if any in the scholar's own name from shares, property, etc.
- (3) If both father and mother of the scholar are deceased, then the income, if any, in the scholar's name only will be shown and not he income of any guardian who may be supporting the scholar.
- (4) A detailed break-up from the annual emolument shown under Column No.IV (Salaries drawn) as required against the column should invariably be furnished.

SELF AFFIDAVIT

(To be furnished in Star	mped Paper worth Rs.5/-)
I, Son/Da	aughter of
Puducherry, under the Sponsored Quota of Gover information regarding Income, Residence/Nativity for the Award of Perunthalaivar Kamarajar Financia	furnished by me along with the applications
Further I declare that I shall devote my full applied / received the Scholarship.	I time to the course of study for which I have
Further I undertake in the event of particular false or become ineligible for receipt of the Financial Assistance received by me	
	Signature of the Student
Date:	Name
	Address
Withess 1.	Name
	Address
Withess 2.	Name
	Address

CHECK LIST (FRESH)

1. Name of the student

2. Name of the Institution

Course of Present Study 3.

4. : SC / ST / OBC / MBC / General Category

(FOR DIRECTORATE OF HIGHER & TECHNICAL EDUCATION OFFICE USE ONLY)

5. Copy of CENTAC Selection Order : Enclosed / Not Enclosed

Self Affidavit 6. : Enclosed / Not Enclosed

7. Income Affidavit : Enclosed / Not Enclosed

8. Income Limit : Below Rs.3 Lakhs / Rs.3 to 5 Lakhs

9. Caste Certificate (In case of SC / ST / OBC / MBC) : Enclosed / Not Enclosed

: Enclosed / Not Enclosed 10. +2 Mark List

11. Application duly filled in : Yes / No

12. Nationality & Residence Certificate : Enclosed / Not Enclosed

Attested copy of 1st Page of Bank Pass Book / : Enclosed / Not Enclosed 13.

Account Statement

SIGNATURE OF DEALING ASSISTANT

SECTION HEAD