

Government Scholarship 2017-18

SOUTHERN RAILWAY-ASSISTANCE FROM STAFF BENEFIT FUND

Sl.No	Name of the Student	Programme	Amount Rs.
1	Roseline Jenifer I	II B.Sc Microbiology	12,000.00
2	Catherin PentoPancy.J	I B.Com	5,000.00
3	Jeevitha R	I M.Sc Microbiology	15,000.00
4	Raghu M	III B.Com (PA)	12,000.00
5	Monica M	III B.Com CA	13,000.00
6	ArjunK.A	I B.Sc Computer Science	80,000.00
Total			137,000.00

C.S.B.F
SCHOLARSHIP

SOUTHERN RAILWAY

ASSISTANCE FROM STAFF BENEFIT FUND

**Application for Fresh / Renewal of Scholarship for Higher Technical /
Professional Education (DEGREE)**

For wards of all Non-Gazetted Staff

(Separate application forms to be submitted for each Child)

(Maximum 2 Children at a time only)



(Photo to be attested by Institution/College Authority)

1	Name of the Employee	:	S. IRUDAYARAJ					
2	Designation/Office/Division/Unit	:	SR-TECHNICIAN / CUM / SR / P / T					
3 (a)	PF Number	:	03836782					
(b)	Staff/Ticket Number	:	2471.					
4	Bill Unit No.	:	05511.					
5	Station/Bill Preparing Office	:	Cum / SR / P / T					
6	Pay Band & Grade Pay	:	Pay Band Rs.			Grade Pay Rs.		
			56900/-			4200/-		
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 ✓	
			ROSELINE JENIFER				✓	
9	Date of Birth of Son /Daughter for whom Scholarship is applied	:	Day	Month		Year		
			1	3	06	19	99	9.

Handwritten signature/initials

5 per year

enifer

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	No
			✓
19	Is any other child getting Scholarship from SBF? Give Details.	Yes/No [Tick (✓)] Details: NO	

I certify that:

(a) No student other than my Son/Daughter ROSELINE JENIFER
(Name) is enjoying the educational aid that has been applied for.

(b) Particulars shown regarding my sons/daughters are as furnished by me in pass declaration.

(c) All the details furnished above are true to the best of my knowledge and if found to be false in future, I shall be taken up under D&A Rules.

Station: P73

Signature of the Employee: [Signature]

Date: 28.11.2017

Designation: SR. JEEVIA. M. I. (M)/S&T PD

Certified that the Particulars given against columns 1 to 7 are correct.

Station: P73

Signature of the Immediate Supervisor: [Signature]

Date: 28.11.2017

Designation: Senior Section Engineer

वरिष्ठ अनुभाग इंजीनियर
मात्रिक अनुसंधान शाप
सि. व. ह. स. कर्मशाला
द. रेलवे, पोन्नूर
Senior Section Engineer
Mechanical Mill Wright Shop
S&T Workshop, S.Riy.
Ponnur

CERTIFICATE BY DEPARTMENT

The particulars furnished against columns to 1 to 7 above have been checked and found correct.

Forwarded to the Chairman, Central Staff Benefit Fund Committee, General Manager's Office, Chennai - 600 003 for consideration.

Station:

Date:

Signature and Designation of the
Controlling Officer

CERTIFICATE BY THE EDUCATIONAL INSTITUTION/COLLEGE/UNIVERSITY

Certified that ROSELINE JENIFER (16MBUD52) (Student's name) is a bonafide student of this institution KARPAGAM UNIVERSITY (Name of the institution) and is studying in BSC MICROBIOLOGY (name of the Course) II (discipline) II / II / II / II Year (year in which studying) during the academic year 2017-2018.

Station: COIMBATORE

Date: 28.11.2017

REGISTRAR

Karpagam University

Pollachi Main Road, Bachanari Post,

Coimbatore - 641 021

Seal of College/institution

Signature of the Head of the Institution with seal

S. Kamaladevi
28/11/17
(In-charge)

S.R. J.
28/11
(As Dean)

O/L
29/11/17

12,000 Per year
D. Roseline Jennifer
30.11.2017

C.S.B.F
SCHOLARSHIP

SOUTHERN RAILWAY
ASSISTANCE FROM STAFF BENEFIT FUND
Application for Fresh / Renewal of Scholarship for Higher Technical /
Professional Education (DEGREE)
For wards of all Non-Gazetted Staff

(Separate application forms to be submitted for each Child)

(Maximum 2 Children at a time only)



(Photo to be attested by Institution/College Authority)

1	Name of the Employee	:	A. JOSEPH STALIN ✓					
2	Designation/Office/Division/Unit	:	Sr. Tech / MS / SRT / PRT					
3 (a)	PF Number	:	03835947 ✓					
(b)	Staff/Ticket Number	:	2355 ✓					
4	Bill Unit No.	:	0618501 ✓					
5	Station/Bill Preparing Office	:	Cwm / O / SRT / PRT					
6	Pay Band & Grade Pay	:	Pay Band Rs.			Grade Pay Rs.		
			9300 to 34800 ✓			4206		
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	
			J. CATHERIN PENNIPANCY				✓	
9	Date of Birth of Son/Daughter for whom Scholarship is applied	:	Day		Month		Year	
			2	4	1	2	1	99 ✓

12/17

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	No
		—	No
19	Is any other child getting Scholarship from SBF? Give Details.	Yes/No [Tick (✓)] Details:	

I certify that:

(a) No student other than my Son/Daughter J. CATHERIN PENNULO PANCY (Name) is enjoying the educational aid that has been applied for.

(b) Particulars shown regarding my sons/daughters are as furnished by me in pass declaration.

(c) All the details furnished above are true to the best of my knowledge and if found to be false in future, I shall be taken up under D&A Rules.

Station: PONDANUR
Date: 27.11.2017

Signature of the Employee: A. JPS
Designation: Sr. Tech /ms /S&T/MS

Certified that the Particulars given against columns 1 to 7 are correct.

Station: PONDANUR
Date: 27.11.2017

Signature of the Immediate Supervisor: R. S. J. S.
Designation: Senior Section Engineer

CERTIFICATE BY DEPARTMENT

The particulars furnished against columns to 1 to 7 above have been checked and found correct.

Forwarded to the Chairman, Central Staff Benefit Fund Committee, General Manager's Office, Chennai - 600 003 for consideration.

Station:
Date:

Signature and Designation of the
Controlling Officer

CERTIFICATE BY THE EDUCATIONAL INSTITUTION/COLLEGE/UNIVERSITY

Certified that A. J. Catharin pennulopancy (Student's name) is a bonafide student of this institution Lupagum Academy, Higher Education (name of the institution) and is studying in B. Com I year (name of the Course) Commerce (discipline) (I / II / III / IV / V Year (year in which studying) during the academic year 2017-18.

Station: Coimbatore
Date: 28/11/17

Seal of College/Institution

ds 4/12/17
REGISTRAR
Karpagam Academy of Higher Education
(Deemed to be University Under Section 3 of UGC Act 1956)
Pollachi Main Road, Eachanari Post,
Coimbatore - 641 021.

Signature of the Head of the Institution with seal

Received

J. Car.

C.S.B.F
SCHOLARSHIP

SOUTHERN RAILWAY
ASSISTANCE FROM STAFF BENEFIT FUND
Application for Fresh / Renewal of Scholarship for Higher Technical /
Professional Education (DEGREE)
For wards of all Non-Gazetted Staff

(Separate application forms to be submitted for each Child)

(Maximum 2 Children at a time only)



(Photo to be attested by Institution/College Authority)

1	Name of the Employee	:	R. RAVICHANDRAN						
2	Designation/Office/Division/Unit	:	Sr Tech IP / Elec / MNM						
3 (a)	PF Number	:	15A 04576056						
(b)	Staff/Ticket Number	:	UEL. 511						
4	Bill Unit No.	:	022						
5	Station/Bill Preparing Office	:	Sr DPO / MDV						
6	Pay Band & Grade Pay	:	Pay Band Rs.				Grade Pay Rs.		
			9000 - 34800				4200		
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		
			2	3	0	5	1	9	9

Km

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	No
		✓	
19	Is any other child getting Scholarship from SBF? Give Details.	Yes/No [Tick (✓)] Details:	

I certify that:

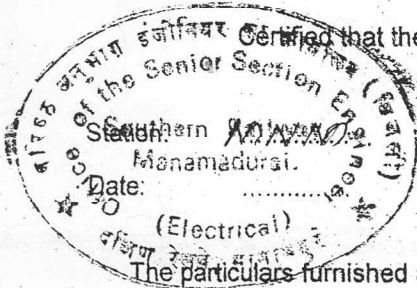
(a) No student other than my Son/Daughter JEEVITHA R
(Name) is enjoying the educational aid that has been applied for.

(b) Particulars shown regarding my sons/daughters are as furnished by me in pass declaration.

(c) All the details furnished above are true to the best of my knowledge and if found to be false in future, I shall be taken up under D&A Rules.

Station: M N N
Date:

Signature of the Employee: [Signature]
Designation: Sr. Secy. P. E. Secy. M N N



Certified that the Particulars given against columns 1 to 7 are correct.

Signature of the Immediate Supervisor: [Signature]
Designation: वरिष्ठ अनुभाग / वोजली / मानामदुरे
Sr. Section

CERTIFICATE BY DEPARTMENT

The particulars furnished against columns to 1 to 7 above have been checked and found correct. Engineer / ELEC / Manamadurai

Forwarded to the Chairman, Central Staff Benefit Fund Committee, General Manager's Office, Chennai - 600 003 for consideration.

Station:
Date:

Signature and Designation of the Controlling Officer

CERTIFICATE BY THE EDUCATIONAL INSTITUTION/COLLEGE/UNIVERSITY

*19/12 Certified that R. JEEVITHA (TMBP006) (Student's name) is a bonafide student of this institution KARPAGAM UNIVERSITY (Name of the institution) and is studying in I M.Sc. MICROBIOLOGY (Name of the Course) I YEAR (discipline) (I / II / III / IV / V Year (year in which studying) during the academic year 2017-2019

Station: COIMBATORE
Date: 19/12/17



15,000 Rupees. [Signature] 19.12.17

[Signature]
19/12
REGISTRAR
Karpagam Academy of Higher Education
(Deemed to be University Under Section 3 of UGC Act 1956)
Pollachi Main Road, Eachanari Post,
Coimbatore - 641 021.

Signature of the Head of the Institution with seal

[Signature] 19/12/17
Received [Signature] 19/12/17

12/17

2/21

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	No
			✓
19	Is any other child getting Scholarship from SBF? Give Details.	Yes/No [Tick (✓)] Details:	

I certify that:

(a) No student other than my Son/Daughter M. RAGHU
(Name) is enjoying the educational aid that has been applied for.

(b) Particulars shown regarding my sons/daughters are as furnished by me in pass declaration.

(c) All the details furnished above are true to the best of my knowledge and if found to be false in future, I shall be taken up under D&A Rules.

Station: PODANUR
Date: 05-12-2017

Signature of the Employee: M. Muringan
Designation: Tech. / U. / MS

Certified that the Particulars given against columns 1 to 7 are correct.

Station: PODANUR
Date: 05-12-2017

Signature of the Immediate Supervisor: _____
Designation: _____

CERTIFICATE BY DEPARTMENT

The particulars furnished against columns to 1 to 7 above have been checked and found correct.

Forwarded to the Chairman, Central Staff Benefit Fund Committee, General Manager's Office, Chennai - 600 003 for consideration.

Station: _____

Date: _____

Signature and Designation of the
Controlling Officer

CERTIFICATE BY THE EDUCATIONAL INSTITUTION/COLLEGE/UNIVERSITY

Certified that M. RAGHU (Student's name) is a
bonafide student of this institution KARPAGAM College of Arts & Science (Name of
the institution) and is studying in B.COM - PA (name of the Course)
IIIrd year (discipline) (I / II / III / IV / V Year (year in which studying) during the academic
year 2015-2018

Station: Coimbatore

Date: 05-12-2017

REGISTRAR

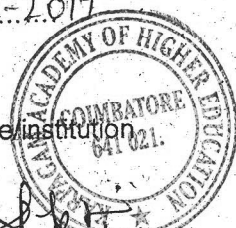
Karpagam Academy of Higher Education
(Deemed to be University Under Section 3 of UGC Act 1956)

Polkachi Main Road, Bachanari Post,
Coimbatore - 641 021

Signature of the Head of the Institution with seal

Received
M. Raghav

Seal of College/Institution



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26/12/17

12-000

C.S.B.F
SCHOLARSHIP

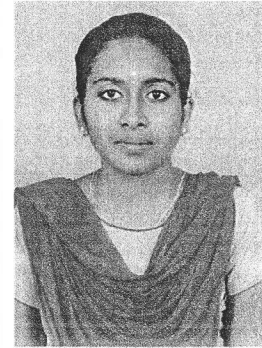
SOUTHERN RAILWAY
ASSISTANCE FROM STAFF BENEFIT FUND

**Application for Fresh / Renewal of Scholarship for Higher Technical /
Professional Education (DEGREE)**

For wards of all Non-Gazetted Staff

(Separate application forms to be submitted for each Child)

(Maximum 2 Children at a time only)



(Photo to be attested by Institution/College Authority)

1	Name of the Employee	C. MARIAPPAN						
2	Designation/Office/Division/Unit	TECH/GVI/2952 EMAIL/SEELW/PTT						
3 (a)	PF Number	05607760						
(b)	Staff/Ticket Number	2952						
4	Bill Unit No.	502						
5	Station/Bill Preparing Office	Cwm/Sat/PTT						
6	Pay Band & Grade Pay	Pay Band Rs.			Grade Pay Rs.			
					2800			
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 M. MONICA			Male	Female ✓		
9	Date of Birth of Son/Daughter for whom Scholarship is applied	Day	Month	Year				
		02	06	1998				

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	No
19	Is any other child getting Scholarship from SBF? Give Details.	Yes/No [Tick (✓)] Details:	

I certify that:

- (a) No student other than my Son/Daughter MONICA M.
(Name) is enjoying the educational aid that has been applied for.
- (b) Particulars shown regarding my sons/daughters are as furnished by me in pass declaration.
- (c) All the details furnished above are true to the best of my knowledge and if found to be false in future, I shall be taken up under D&A Rules.

Station: PODANUR.

Signature of the Employee: [Signature]

Date: 28/11/2017

Designation: TECH. GR. I (ENR II)
CWM/SCGTW 100

Certified that the Particulars given against columns 1 to 7 are correct.

Station: PTJ

Signature of the Immediate Supervisor: [Signature]

Date: 28.11.17

Designation: Asst. Enr-II
सि. व. स. क. शा. नि. ए. ए. ए.

CERTIFICATE BY DEPARTMENT

The particulars furnished against columns to 1 to 7 above have been checked and found correct.

Forwarded to the Chairman, Central Staff Benefit Fund Committee, General Manager's Office, Chennai - 600 003 for consideration.

सि. व. स. क. शा. नि. ए. ए. ए.
S & T Workshop, S.Rly, Podanur

Station:

Date:

Signature and Designation of the
Controlling Officer

CERTIFICATE BY THE EDUCATIONAL INSTITUTION/COLLEGE/UNIVERSITY

* Certified that M. Monica [5555095] (Student's name) is a bonafide student of this institution Karpagam Academy of Higher Education (Name of the institution) and is studying in B. Com (Co) IV year (name of the Course) Commerce (discipline) IV Year (year in which studying) during the academic year 2017-18.

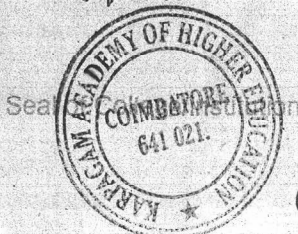
Station: Coimbatore

Date: 28/11/17

[Signature]
4/12/17
REGISTRAR

Karpagam Academy of Higher Education
(Deemed to be University Under Section 3 of UGC Act 1956)
Pollachi Main Road, Bachanari Post,
Coimbatore - 641 021.

Signature of the Head of the Institution with seal



[Signature]
28/11/17

ok
10/12/17
[Signature]
4/12/17

Rs. 13,000 M. Monica.
5/12/17

**C.S.B.F
SCHOLARSHIP**

SOUTHERN RAILWAY

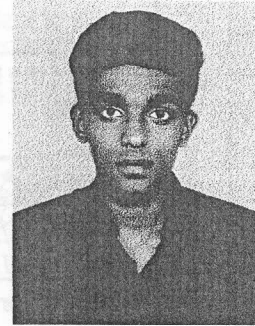
ASSISTANCE FROM STAFF BENEFIT FUND

Application for Fresh / Renewal of Scholarship for Higher Technical / Professional Education [DEGREE / DIPLOMA]

For wards of all Non-Gazetted Staff

(Separate application forms to be submitted for each Child)

(Maximum 2 Children at a time only)



(Photo to be attested by Institution/College Authority)

1	Name of the Employee	:	SMARITHA . M					
2	Designation/Office/Division/Unit	:	P.MAN					
3 (a)	PF Number	:	15551303085					
(b)	Staff/Ticket Number	:	J/T 5180					
4	Bill Unit No.	:	0605106					
5	Station/Bill Preparing Office	:	MAQ / PALAKKAD					
6	Pay Band & Grade Pay	:	Pay Band Rs.			Grade Pay Rs.		
			21100			1900/2		
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	
			ARJUN . K . M			(17CS0008)		
9	Date of Birth of Son/Daughter for whom Scholarship is applied	:	Day		Month		Year	
			2	3	1	1	1	9

Y. M.

Y. 19th Decer
P. 19.12.201

Has He/She applied for any other Scholarship under SBF for the current year? If so, give complete details thereof [Tick (✓) relevant column]	Yes	No
	NIL	
19 Is any other child getting Scholarship from SBF? Give Details.	Yes/No [Tick (✓)] Details: NO	

Certify that:

(a) No student other than my Son/Daughter (Name) is enjoying the educational aid that has been applied for.

ARJUN - KM (17CS0008)

(b) Particulars shown regarding my sons/daughters are as furnished by me in pass declaration.

(c) All the details furnished above are true to the best of my knowledge and if found to be false in future, I shall be taken up under D&A Rules.

Station: MANGALURU

Signature of the Employee:

Date: 30.11.17

Designation:

Certified that the Particulars given against columns 4 to 7 are correct.

Station:

Signature of the Immediate Supervisor:

Date:

Designation:

CERTIFICATE BY DEPARTMENT

The particulars furnished against columns to 1 to 7 above have been checked and found correct.

Forwarded to the Chairman, Central Staff Benefit Fund Committee, General Manager's Office, Chennai - 600 003 for consideration.

Station:

Date:

Signature and Designation of the Controlling Officer

CERTIFICATE BY THE EDUCATIONAL INSTITUTION/COLLEGE/UNIVERSITY

Certified that Arjun - KM (Student's name) is a

bonafide student of this institution (Name of

the institution) and is studying in BSC Karpagam University (name of the Course)

BSC computer science (discipline) (I / II / III / IV / V Year (year in which studying) during the academic

year 1st Year

Station:

Date: 6.12.2017

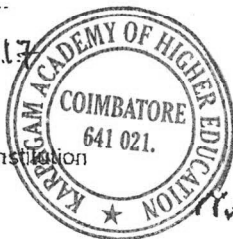
Karpagam Academy of Higher Education
(Deemed to be University Under Section 3 of UGC Act 1956)

Pellachi Main Road, Easwaranthi Post,

Coimbatore - 641 021.

Seal of College/Institution

Signature of the Head of the Institution with seal



80,000

Received 6.12.17