

KARPAGAM ACADEMY OF HIGHER EDUCATION

(Deemed to be University)
(Established Under Section 3 of UGC Act, 1956)

Pollachi Main Road, Eachanari Post, Coimbatore - 641 021, Tamilnadu, India. Phone: 0422 - 2980011 - 14, 6471113, 14 | Fax: 0422 - 2980022-23 | Email: info@karpagam.com

Government Scholarship 2016-17

SOUTHERN RAILWAY- ASSISTANCE FROM STAFF BENEFIT FUND-

Sl.No.	Name of the Student	Programme	Amount
			Rs.
1	Raghu M	II B.Com (PA)	15,000.00
2	Vinoth K	III BE Civil Engg.	7,000.00
3	Monica M	II B.Com CA	5,000.00
4	Bhaskaran R	IV BE Civil Engg.	7,000.00
5	Roseline Jenifer I	I B.Sc Microbiology	5,000.00
6	Ramesh V	IV BE EEE	7,000.00
7	Vishvanathan B.K	III BE CSE	7,000.00
8	Yuvasri R	II M.Sc Computer Science	6,000.00
	- 1	Total	59,000.00

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)



			p. 46
1	Name of the Employee		M. MURUGAVEL
2	Designation/Office/Division/Unit		Mer GrII /MS/Serilw/pro
3 (a)	PF Number	:	16350601908
(b)	Staff/Ticket Number	1:	3032-
4	Bill Unit No.	1:	0618501
5	Station/Bill Preparing Office		cwm/0/8eT/w/P77
6	Pay Band & Grade Pay		Ry 28400/r Lovel - 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
7 (7)			M. RAGHU
9	Date of Birth of Son/Daughter for whom Scholarship is applied		Day Month Year
			24121997

A company			
18	Has He/She applied for any other Scholarship under SBF for the	Yes	No
	current year? If so, give complete details thereof [Tick (∜) relevant column]	\$ 1	
19	Is any other child getting Scholarship from SBF? Give Details.	Yes/No [Tick (√)] Details:	No
I certify that:			
(a) N (Nar	lo student other than my Son/Daughter	1. RAGH U been applied for.	
(b) F	Particulars shown regarding my sons/daught	ters are as furnished by	me in pass declaration.
	all the details furnished above are true to the libe taken up under D&A Rules.	best of my knowledge	and if found to be false in futu
Station:	Podanur, Signature	of the Employee:	M. Murreyon
Date:	Designation	on: T. No:-	M. Murreyon 3032/M&T/GTIII/MS
	Certified that the Particulars given ag	ainst columns 1 to 7 are	e correct
	ocitined that she i antiodian given ag		3 00,110 00.
Station:	Signature of the Imn	nediate Supervisor:	,
Date:	Designati	on:	
		E BY DEPARTMENT	
The	particulars furnished against columns to 1	to 7 above have been o	hecked and found correct.
	n coimbatore		
		Signature and Desi Controlling Officer	gnation of the
	CERTIFICATE BY THE EDUCATION		I I ECE/IMIVEDEITY
bonat	Certified that	(Stu	
	stitution) and is studying in		
	L (discipline) (H/II/H/IV/VYear (STORY FALL .	
year	2015-18	1	1
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Date:	28-11-16		HSTRAR um University
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	CBE-21)		
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M. Kash	Challing .		
29-11-16	Do 1		

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 Chi

(Maximum 2 Children at a time only)



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1	Name of the Employee	. :	A. KRISHN	A SAMY
2	Designation/Office/Division/Unit			
3 (a)	PF Number	2	1100010	3
(b)	Staff/Ticket Number			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4	Bill Unit No.			The second secon
5	Station/Bill Preparing Office	÷		V
6	Pay Band & Grade Pay		Pay Band 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)</td <td></td> <td>Name</td> <td>Male Female</td>		Name	Male Female
	denne me sa sa		K. VINOTH	
9	Date of Birth of Son/Daughter for whom Scholarship is applied	# P # # # # # # # # # # # # # # # # # #	Day Month	Year
			0207	1997

		Has He/Site applied for any of Scholarship under SBF for the current year? If so, give compute the thereof (Tick (√) relevation)	e olete	Yes			✓ ,		
	19	Is any other child getting Sch from SBF? Give Details.	olarship	Yes/No [Details:	Tick (√)j				
1 certify	that:								
		o student other than my Son/Da ne) is enjoying the educational ai			or.				
	(b) F	articulars shown regarding my s	ons/daughter	rs are as furr	nished by me	in pass d	eclaration.		
		II the details furnished above are be taken up under D&A Rules.	true to the b	est of my kn	owledge and	l if found to	be false in futu	ure, !	
Sta	ation.	· · · · · · · · · · · · · · · · · · ·	Signature of	f the Employ	ee:			141	
Da	ite:		Designation						
		Certified that the Particular	rs given agair	nst columns	1 to 7 are co	rrect.			
Sta	ation:	Signature	of the Imme	diate Super	visor:				
Da	ate:		Designation	1:					
	The	CE particulars furnished against co	RTIFICATE lumns to 1 to			ked and fo	ound correct.		е
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			1 (5.45)						
	Statio	n							
	Date:								
				Signature Controllin	and Designa g Officer	ition of the			
		CERTIFICATE BY THE	DUCATION	AL INSTITU	TION/COLLE	EGE/UNIV	ERSITY		
		Certified that K-U	MOTH	(14RBE)	E (O1)	nt's name)	is a		
	bona	fide student of this institution K							
	the in	nstitution) and is studying in BACK	HELOR OF	ENGIN	UEERING (na	ame of the	Course)		
* CIV	ハレ ¹ year	1) old - 2017	7 I V Year (ye	ear in which	studying) dur	ring the ac	ademic		
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	Date	21.11.2016			REGIS	TRAR			
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SCHOLARSHIP

SOUTHERN RAILWAY

ASSISTANCE FROM STAFF BENEFIT FUND

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For wards of all Non-Gazetted Staff

(Separate application forms to be submitted for each Chile"

(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 M. 2/Cw n/587/w/P7550
3 (a)	PF Number	in	02677360
(b)	Staff/Ticket Number		2952
4	Bill Unit No.	:	502
5	Station/Bill Preparing Office		Cral 788/ w olzmas
6	Pay Band & Grade Pay	•	Pay Band Rs. Grade Pay Rs. 31, 100 L 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 Male Female
			m. MONICA /
9	Date of Birth of Son/Daughter for whom Scholarship is applied	. 7.9	Day Month Year
*	DAVONTER		02061998



17/16

		Scholarship under SBF for the current year? If so, give complete details thereof [Tick (√) relevant column]		
). 14	19	Is any other child getting Scholarship from SBF? Give Details.		Yes/No [Tick (√)] Details:
l certif	y that:		- milespee	
	(a) N (Nai	No student other than my Son/ Daughter me) is enjoying the educational aid that ha		Mr. Mo.NI.CA een applied for.
E.	(b) l	Particulars shown regarding my sons/daug	hters	rs are as furnished by me in pass declaration.
		All the details furnished above are true to till be taken up under D&A Rules.	ne be	pest of my knowledge and if found to be false in future
	tation: ate:	Podeum Signatus 16 Julio Designa	e of tion:	the Employee: CMCHAN TECHUNI / EMAN
		Certified that the Particulars given a	gain	nst columns 1 to 7 are correct.
		A STATE OF THE STA		
S	tation:	Signature of the in	med	diate Supervisor:
	ate:	Designa	tion:	n:
				BY DEPARTMENT 7 above have been checked and found correct.
Cher	nnai — (warded to the Chairman, Central Staff 600 003 for consideration.	Ben	enefit Fund Committee, General Manager's Office
	Date:			*
				Signature and Designation of the Controlling Officer
		CERTIFICATE BY THE EDUCATION	ANC	AL INSTITUTION/COLLEGE/UNIVERSITY
		Certified that	cA	(15ccu 095) Student's name) is a
	bona			MI UNIVERSITY (Name of
				(name of the Course)
		(discipline) (L/ ĬĬ / HL/ ᡮV / V Year	(yea	ear in which studying) during the academic
	year	2016-2017		1. Showsh
	Statio	on: Loimbatare		PEGISTRAR
	Date	17/11/2016		Rarpagam University Pollachi Main Road, Eachanari Post
		GAM UNIZ	••••	Coimbatore - 641 021
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Rs.5,000

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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)

Dr. R. Sundara Dean of Engineer of Karpagam Univer Eacharari (Post)



1	Name of the Employee	:	P. PALANIAMMAL
2	Designation/Office/Division/Unit	1:	KHALASI Sot CUMPEN/PTS
3 (a)	PF Number	:	60180004
(b)	Staff/Ticket Number	1:	
4	Bill Unit No.	:,	0618713.
5	Station/Bill Preparing Office	:	Sat MorkStop / podanus
6	Pay Band & Grade Pay	1:	Pay Band Rs. Grade Pay Rs.
7	Whether the employee belongs to SC/ST/OBC/UR (Tick (<) relevant column)	1:	SC ST OBC UR
8	Name of the Ward for whom Scholarship is applied (Tick (✓) relevant column)	:	RBHASEARAS Male Female
18			
9	Date of Birth of Son/Daughter for whom Scholarship is applied	:	Day Month Year
,			05 12 1994

1	8	Has He/She applied for any other		Yes			No	
,		Scholarship under SBF for the current year? If so, give complete details thereof [Tick (1) relevant column]						
1	9	ls any other child getting Scholarship from SBF? Give Details.	3	Yes/No Details	•	(√)]	.	
tify th	nat:							MITTENEST STANLING AND COMMENTS STANLING AND STANLING STA
(;	a) N	o student other than my Son/Daughter						
(ne) is enjoying the educational aid that ha						
(b) P	articulars shown regarding my sons/daug	hters	are as f	urnishe	d by me	in pass declaration	•
		If the details furnished above are true to the betaken up under D&A Rules.	ne be	est of my	knowle			
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Date		Sillib Designa			0,00.	*	Palaniam.	
		Certified that the Particulars given a	gain	st column	s 1 to 7	7 are co	rect.	-
Stati	on:	Signature of the im	imed	liate Supe	ervisor:			* · · · · · · · · · · · · · · · · · · ·
Date	<u>:</u>	Designa	tion:				•••••	
٦	The	CERTIFICA particulars furnished against columns to					ked and found corre	ct.
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		varded to the Chairman, Central Staff 00 003 for consideration.	Ben	em rund	Com	miπee,	General Manager's	Office,
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		CERTIFICATE BY THE EDUCATION	DNA	LINSTIT	UTION	COLLE	GE/UNIVERSITY	
		Certified that R. BHASKA	RA.	CA.	(Student	's name) is a	
bo	nafi	de student of this institutionKARPAG	MA	UN	IVER	KLIS	(Name of	2
the	e ins	titution) and is studying in Cコリエし	EV)	PUNE	ERIN	(nar	ne of the Course)	
		(discipline) (I / II / III / IV / V Year	(yea	r in which	studyi	ng) durir	ng the academic	
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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)



1	Name of the Employee		S.	IR	UDA	YARA	J			
2	Designation/Office/Division/Unit	:	SR	TE	CHN	IEPAN:	lei	um)	sei/n	12 /P7J
3 (a)	PF Number	•	0	38	36	182				
(b)	Staff/Ticket Number	:	2	2471						
4	Bill Unit No.	i	03	551	1.					
5	Station/Bill Preparing Office		e	Zev.M.	1/80	Mrs.)P1.	J.		
6	Pay Band & Grade Pay	:	F	ay B	and R	Rs.	G	rade	Pay	Rs.
			931	no - a	348K)		420	00/=	
7	Whether the employee belongs to SC/ST/OBC/UR (Tick (✓) relevant column)	i	SC		ST	OBC		1	ÜR	
8	Name of the Ward for whom Scholarship is applied (Tick (✓) relevant column)	•		N	ame		M	ale	Fé	male
			I. R	08E)	UNE :	JENIFER		† _ ;	V	/
9	Date of Birth of Son/Daughter for whom Scholarship is applied		Da	ay	Mo	onth		,	Year	
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1	18	Has He/She applied for any other Scholarship under SBF for the	Yes	No	,
A.		current year? If so, give complete details thereof [Tick (\forall) relevant column]	_		× 2
	19	Is any other child getting Scholarship from SBF? Give Details.	Yes/No [Tick (√)		
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¥.	(b) F	Particulars shown regarding my sons/daughte	rs are as furnished b	y me in pass declaration.	
46		All the details furnished above are true to the lill be taken up under D&A Rules.	pest of my knowledge	e and if found to be false in future, I	
,	Station:	P13 Signature of	of the Employee:	· & Dandaym	
	otation: Date:	IS-11-2elb Designation		SPTERMIEHM/EWM/SOTIF	77
.	outo.				.
		Certified that the Particulars given aga	inst columns 1 to 7 a	re correct.	
5	Station	Signature of the Imme	ediate Supervisor:	SENIOR SECTION ENGINEER	
	Date:	15-11-2016 Designatio	n:	WECATHICAL WHIT POTENT PROP	
	The	<u>CERTIFICATE</u> e particulars furnished against columns to 1 to	BY DEPARTMENT 7 above have been		
Che	nnai –	warded to the Chairman, Central Staff B. 600 003 for consideration.			
	Date		and the state of the state of	2 200 2000	
			Signature and De Controlling Officer		
$\bigcap m$		CERTIFICATE BY THE EDUCATION	AL INSTITUTION/C	OLLEGE/UNIVERSITY	
		Certified that T. ROSELIN	E JENLEER(S	tudent's name) is a	
		fide student of this institutionKARPAG		V A CONTRACTOR OF THE CONTRACT	
K. Barr	the in	nstitution) and is studying in .TB.s.cM			
le le		(discipline) (I / II / III / IV / V Ye ar (y	ear in which studying	n) during the academic	
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		on: COIMBATORE	AN	CISTRAR	
	Date	طاه ۱۱۰۰ الله	Karpa	gam University Road, Eachanari Post	
.*		M IIa	Pollachi Main Coimb	netore - 641-021	
		(m)	Signature of the Head	d of the Institution with seal	
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Per	ive	d			
I. Ro	sel	ine derifer 19/11/16		·	

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)



Dr. R. Similar Dean of Engines, Karpagam Unive Eacharari (Fost)

1	Name of the Employee		Varadhapellai
2	Designation/Office/Division/Unit		SSG 1 F-AB/
3 (a)	PF Number	:	054562901
(b)	Staff/Ticket Number	•	
4	Bill Unit No.	:	710
5	Station/Bill Preparing Office	ŀ	Com/o/Rtd
6	Pay Band & Grade Pay		Pay Band Rs. Grade Pay Rs. 52300 + 4600 - 50
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
**************************************			08101994

10	Residential Address	:	177	· A.	R	Cec	ëlv	ver	el	C	25 V.	Step
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11	Telephone Numbers (with STD Code)		Railway:							7		
			Residend	e:								•
	Market State of the State of th	1	Mobile :	A	8	7/4	- 9	0	9	6	5	4
12	Details of Institution/ Course and Durat	ion	of the Co	urse, 1	the v	ward	is no	w st	ıdyi	ng:		
	Name of the Institution with Address Course		Duration the Co		joi	ate of ning ourse	the	Indi stuc [Tic	ly .	the	yea	rof
			From	То				1	11	111	IV	V
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13	Fees paid for the current year	:	Year			_	mou	nt Rs	3.			
			2016	-2	٥١,	7	R	5	lo	00	of	=
14	Bank Account in the Name of ward is Mand (Copy of first page of savings Bank Pass E				a ma	ajor						
1100	Name and Address of the Bank		Savings Bank Account Number -									-
	State Banks	જ	33385002890.									
	India,		MICR No.			1	IFSC No.					
	VELLALUR		6410	7	SBIN 0015900							
15	In case of minor joint account with the (Copy of first page of savings Bank Pa								o, ^g			*
2 V	Name and Address of the Bank		Savings Bank Account Number									
,		1	MICR N	0.		1	IFSC No.					
16	Amount of Scholarship received during the previous year from CSBF	:	Year			1	Amou	int R	s.			
17		 :	Yes				Vo.					
	receipt of Scholarship or Stipend or Fee concession from any other source? If so, give complete details thereof [Tick (1) relevant column]							L	/	- ·		

	18	Has He/She applied for any other		Yes	No	
>		Scholarship under SBF for the current year? If so, give complete details thereof [Tick (√) relevant column]				
	19	Is any other child getting Scholarship from SBF? Give Details.		Yes /No [Tick (√)] Details:	NO L	
l certi	fy that:				3° 8	
	(a) N (Nar	No student other than my Son/Daughter ne) is enjoying the educational aid that has	bee	Kamesh en applied for.		
ν. "	(b) F	Particulars shown regarding my sons/daugh	ters	are as furnished by me i	in pass declaration.	
		Il the details furnished above are true to the betaken up under D&A Rules.	e be	st of my knowledge and	if found to be false in future, I	
	tation: late:	Designation	on:	he Employee:	STINIPTI	ic ;
		Certified that the Particulars given ag	ains	st columns 1 to 7 are con		
S	Station:	PTJ Signature of the Imm	ned	iate Supervisor:	mueran	
C	ate:	12-11-16 Designati	on:	Ev	Medical Carlo Value of Alley	
•	The	CERTIFICAT particulars furnished against columns to 1			Southern correct	
Chen		warded to the Chairman, Central Staff I 000 003 for consideration.	Jei 1	ent Fund Committee, C	Serieras Manager's Office,	
N.			i.	* y		
		n				
	Date:		430	Signature and Designation	on of the	
				Controlling Officer		
		CERTIFICATE BY THE EDUCATIO	NAI	INSTITUTION/COLLEC	GE/UNIVERSITY	
	4.2	Certified that RAMESH	. 1	/(Student's	s name) is a	
		ide student of this institutionKARRACH				
		stitution) and is studying in ELECTRICAL.				
		V (discipline) (I / II / III / IV / ∨ Year (2015 - 2017	yea	r in which studying) durin	of the academic	
		n: COLMBATORE		aleu	171116	
	Date:	he 11 0011		REGIST	TRAR	
	Date.			Karpagam U Pollachi Main Road	L. Eachanari Post.	
	,	GAM UNI		Coimbatore	641.021	
	•	See College Institution CBE-21	Sigi	nature of the Head of the		
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C.S.B.F SCHOLARSHIP

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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's

(Maximum 2 Children at a time only)



1	Name of the Employee		S. BALANURUGAN (14RBE		3ECS	F046)				
2	Designation/Office/Division/Unit	:				· G' ,				
3 (a)	PF Number		0	60	1120	166				
(b)	Staff/Ticket Number	·	57502				and the second s			
4	Bill Unit No.	·	0609-308			3				
5	Station/Bill Preparing Office	·	See							
6	Pay Band & Grade Pay (VI Pc) Banic Pay & Level (VI Pc)		RSS	526	Band F	200	V.S.	Mark I	Pay	
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				V	lale	Fe	male
			B.K. VISHVAN ATHOM		١	/				
9	Date of Birth of Son/Daughter for whom Scholarship is applied	:	D	ay	M	onth			Year	,
			. 2	0	0	Ь	1	9	9	179



10	Residential Address	:	100 NAC	6th AR	CRO M.K.	280	coor Par	CN	IN.	320	AR	
11	Telephone Numbers (with STD Code) :	Railway:				T	7	11/2	CH		
			Residence	ce:							-	
			Mobile :	8	05	6	5 5	6	i	9	1	
12	Details of Institution/ Course and Dur	atior	of the Co	ourse, tl	ne wa	rd is no	ow st	udyi	ng:			
	Name of the Institution with Co	urse	Duration the Co	Control of Control	Date joinin Cour	g the	Indi stuc [Tic	dy	the	yea	r of	
			From	То			ı	II	111	IV	V	
	Pollachi Main Road.	.£	2014	2018	20	-7-14			V	1		
13	Fees paid for the current year	:	Year			Amou	int Rs	3.				
			HOSTE	TION		-	10,					
14	Bank Account in the Name of ward is Ma (Copy of first page of savings Bank Pass	ndat Boo	ory if, the w	vard is a	major				<u>U/.</u>		4	
	Name and Address of the Bank		Savings Bank Account Number -									
	STATE BANK OF INDIA		20	739	23	09	316	0			Marie Constant	
	M. K. KOTTAL , TIRUCHY. BRANCH	BRANCH.				IFSC No.						
		•	6200	2020	54	SB.	IN	00	18.	28	8	
15	In case of minor joint account with t (Copy of first page of savings Bank F	he e 'ass	mployee is Book to b	s mand e enclo	atory sed)			ă.				
	Name and Address of the Bank	11909	Savings	Bank A	ccour	t Num	ber			, 1		
		MICR No.			IFSC No.							
16	Amount of Scholarship received during the previous year from CSBF	:	Year			Amou	int R	S.			- 2	
			20	14		3	300	0/	-			
17	Whether the Scholar referred to above is in receipt of Scholarship or Stipend or Fee	:	Yes			No						
	concession from any other source? If so, give complete details thereof [Tick (√) relevant column]	2					1/	_				

18	Has He/She applied for any		Yes		No
s e	Scholarship under SBF for t current year? If so, give con details thereof [Tick (√) relev column]	nplete			~
19	Is any other child getting Sc from SBF? Give Details.	holarship	Yes/No [7 Details:	Γick (√)]	
fy that:		L			
(a) I	No student other than my Son/Dame) is enjoying the educational a	aughter Æ aid that has b	B. K. Vo	1.3.HY	ANATHAN
(b) I	Particulars shown regarding my	sons/daughte	ers are as furni	shed by m	e in pass declaration.
	All the details furnished above ar Il be taken up under D&A Rules.		best of my kno		nd if found to be false in future, I
tation:	Goldsmock	_ E.	of the Employe	e: .!	J. B.J. Stay. Technica an Gr
ate:	20-11-16	Designatio	n:		Technica an Gr
	Certified that the Particula	ars given aga	inst columns 1		
tation:	Signatur	e of the Imm	ediate Supervi	sor: .	
ate:		Designatio	on:	s .	
The	<u>c</u> particulars furnished against co		BY DEPART o 7 above have		cked and found correct.
	warded to the Chairman, Cer 600 003 for consideration.	ntral Staff B	enefit Fund C	Committee	General Manager's Office,
	*			5. ·	
Statio	n				a 12
Date:					
			Signature a Controlling		ation of the
	CERTIFICATE BY THE				
	Certified thatBK	VISHVA	NATHAN	(14 RB (Stude	nt's name) is a
bona	fide student of this institution	KARPA			I.T.Y (Name of
	The state of the s		GAM U	VIVERS	17
the in	fide student of this institution	BE-COM	GAM UI PUTER SUE	VIVERS NCEENS (n	ame of the Course)
the ir	fide student of this institution	BE-COM	GAM UI PUTER SUE	VIVERS NCEENS (n	ame of the Course)
the ir	fide student of this institution stitution) and is studying in	BE-COM	GIAM UI PUTER SUE ear in which st	VLV.E.R.S NEEEvq (n udying) du REGIS Karpagam	ame of the Course) ring the academic STRAR University
year Station Date:	fide student of this institution	SE-COMU ∀/∀Year (y	CJAM UI PUTER SCIE ear in which st	REGIS Karpagam ii Main Ros Combatoro	ame of the Course) ring the academic STRAR

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		R. SUGIUNA								
2	Designation/Office/Division/Unit		TECHNICIAN GI-I/CWM/SET/WS/, WORKSHOP DIVISION						ws/p		
3 (a)	PF Number		0 3838055								
(b)	Staff/Ticket Number		27558								
4	Bill Unit No.		05505						Arms.		
5	Station/Bill Preparing Office		82T/WS/PTJ.								
6	Pay Band & Grade Pay	·					Grade Pay Rs.			/Rs.	
							32	28001-			
7	Whether the employee belongs to SC/ST/OBC/UR (Tick (✓) relevant column)		S -	C	ST	OBC		: *)*	UR		
8	Name of the Ward for whom Scholarship is applied (Tick (✓) relevant column)		Name YuvaSRI R			Male Female					
	The second secon		F-18.7								
9	Date of Birth of Son/Daughter for whom Scholarship is applied		D	ay	Мо	nth		Year			
			.2	6	D	5	1	9	9	4	



12/16

10	Residential Address		67B	1							nag	
11	Telephone Numbers (with STD Co	de) :	Railway					1 374			i i	
et 4			Residen	ce:	/						-	
			Mobile :	C 122, 187	97	9	0 2	2	4	6	09	
12	Details of Institution/ Course and Duration		of the Co	ourse,	he wa	rd is n	ow st	udy	ing:			
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	KARPAGIAM UNIVERSITY Eachnaul	M.SC Compu	3015	201	7			/				
13	Fees paid for the current year		Year	rant .		Amo	unt R	s.				
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14	Bank Account in the Name of ward is (Copy of first page of savings Bank P				a majo							
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15	In case of minor joint account wit (Copy of first page of savings Ban	h the e										
	Name and Address of the Bank		Savings Bank Account Number									
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			MICR No.			IFSC No.						
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16	Amount of Scholarship received	:	Year			Amount Rs.						
	during the previous year from CSI	31	201	6	60	00		CHIE MAN	company to			
17	Whether the Scholar referred to above is receipt of Scholarship or Stipend or Fee	in :	Yes			No	* 10					
	concession from any other source? If so, complete details thereof [Tick (1) relevant column]	give	-			-	•	2 00				

	Scholarship under SBF for the current year? If so, give complete details thereof [Tick (√) relevant column]	
19	Is any other child getting Scholarship from SBF? Give Details.	Yes/No [Tick (√)] Details:
tify that		
	No student other than my Son/Daughter	
- 13	me) is enjoying the educational aid that has	
		ers are as furnished by me in pass declaration.
	All the details furnished above are true to the ill be taken up under D&A Rules.	best of my knowledge and if found to be false in future
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Date:	1.12.16 Designation	on: TECHNICIAN GOV-I
	Certified that the Particulars given ag	ainst columns 1 to 7 are correct.
Station		
Date:	Designation	
Th	e particulars furnished against columns to 1 to	BY DEPARTMENT o 7 above have been checked and found correct.
		Benefit Fund Committee, General Manager's Office,
ennai –	600 003 for consideration.	
Statio	on'	
•		Signature and Designation of the Controlling Officer
	CERTIFICATE BY THE EDUCATION	NAL INSTITUTION/COLLEGE/UNIVERSITY
	Certified thatYUVASRI.R.	(15.CSP016.) (Student's name) is a
	afide student of this institution . KARPAGI	
the i		DMPVIER SCIENCE (name of the Course)
	(I (discipline) (+/ II / III / I¥/ ¥ Year ()	rear in which studying) during the academic
	on: podanus	
1 197	01.12.16	REGISTRAR 411216
Date	01.1%.10	Rarpagam University Pollachi Main Road, Bachanari Post
	GAM UN	Sombstere - 641 601
	(CBETATION)	Signature of the Head of the Institution with seal
	Marie Marie	. 그는 생긴 그림 살이 다시났다.
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