

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 (2015-16)

BHARAT SANCHAR NIGAM LIMITED

Sl.No.	Name of the Student	Programme	Amount
			Rs.
1	Vesly Raj A	III BE Mechanical Engineering	5,000.00
		Total	5,000.00

Application for Departmental Scholarship Please Tick Non-Technical Technical Fresh or Renewal A. ARULDEVAPITCHAI 1. a) Name of the Staff Telecom MAChanic. 199400622 b) Designation SDO Phones, BSNL, Kovilfalti 2. Name of Office/Unit in which working 3. Whether belongs to SC/ST/OBC (if not, pl. tick "No") Rs 18020, 4. Basic Pay as on 01-07-2015 A. VESLYRAJ. 5. a) Name of the ward b) / Relationship Daughter 6. Date of Birth (dd/mm/yy) 7. Signature of the Student ar Pagam university. 8. Name of the College 9. Whether the ward is already in Receipt of Telecom/BSNL Deptl NO. Scholarship? If so, details 10. Whether applying more than one Ward, if so, details one. I A · ARULDEVAPITEMAI declare that the particulars given above are true and complete to the best of my knowledge and belief. Date: 2/11/2015 Certified that the entries in col.1 to 4 have been ver fied and found to be correct. Signature of the Controlling Officer With Seal (Name and Designation) Certified that the entries in col.05 to 08 have been verified and found to Karpagam Academy of Higher Education (Deemed to be University Under Section 3 of UGC Act 1956) Pollachi Main Road, Eachanari Post, Signature of the Combator Institution With Seal (Name and Designation) Date: Enclosures to be submitted : [Course Certificate/Pre-year Marks sheet] 1. In case of Renewal, Mark sheet of previous year, Xerox copy duly attested should be attached please. In case of Fresher, proof for admission against inerit quota (Xerox copy duly attested), X std./XII std., as the case may be, marks certificate (Attested copy) should be attached please.

DUNKAL SAINCHAE MIGAM LIMI

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Note: - 1. Please fill up all columns without any omission/ambiguity.

2. Please enclose the copy of community cerrificate (attested), copy of certificate (attested) for Physically Handicapped ward, where it is necessary, be furnished along with the application.