

KARPAGAM ACADEMY OF HIGHER EDUCAT

(Deemed to be University)

(Established Under Section 3 of UGC Act, 1956)

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

Government Scholarship (2015-16)

TEA BOARD SCHOLARSHIP

Sl.No.	Name of the Student	Programme	Amount
			Rs.
1	Anusal Mary A	II B.Sc Biochemistry	11,000.00
2	Senthil Kumar R	I M.Com.(CA)	33,250.00
3	Ramya R	II B.Sc Microbiology	22,000.00
4	Karthick J	II B.Sc Biotechnology	39,500.00
5	Arjun A	II B.Com (CA)	30,000.00
6	Sathyavani B	I M.Sc Microbiology	5,000.00
		Total	1,40,750.00

PHONE: 04262262316

14, BIPLABI TRAILOKYA MAHARAJ SARANI, KOLKATA - 700 001

APPLICATION FOR EDUCATIONAL STIPEND (Form No. 1)

No

Original

To be filled in by Tea Board Office All columns in the form should be filled in. All applications should be submitted within one year Index No. from the date of commencement of an academic year/session. Incomplete application forms or Regd. No. applications submitted after prescribed date will not be taken up for consideration. If sanctioned 1. Full name of the student A-ANUSAL MARY a) Date of birth 20.0811997 b) Nationality 2NOLAN c) Sex FEMALE d) If the student belongs to a Scheduled Caste/Tribe, say 'Yes' or 'No' and, if yes, mention Scheduled Caste or Scheduled Tribe...... Full address (present and permanent) 12/429, CHERANGRODE NOTE VALLUUDO NEGIAR KOLFPPALLY POST, PANDALUR T.K. 643253 4. Particulars of parents: a) Name of father £ AGNASTION b) Designation c) His Address 12/429, VALLUVAR NIEGIAR CHERANGOLT Age 39 e) Name and address of Tea Estate in which employed...... CAFRANGIODE TEA DIVISION In case both the parents are not alive, please give particulars of the guardian: Present address.... d) Name and address of Tea Estate in which employed...... Monthly total income..... His/her exact relationship with the student..... If any other dependant of guardian is in receipt of the Tea Board stipend, particulars thereof............ 7. a) Name and address of the institution where admission has been secured for the current academic year KARPALIAM UNINERSITY b) Class, Sec. & Roll No. II 19 B.SC BLOCHEMISTRY 4BCUOOL Affiliated to/recognized by K. P.R. P.A. LA. A.M. LINILLER SITY e) Duration of the current academic year/session : From.....to.... Date Month Year Date Whether residing in an affiliated hostel and, if so, address thereof.....

ATT Per years 11000/ Shobiship

Months during the academic year when the hostel remains closed

		8.	Name of the last annual/public examination passed mentioning the year of passing the examination
			(attach attested copy of Mark Sheet) KARPAGAM UNIVERSITY
			COIMBATORE 641021 2014-2015 I year
		9.	a) Whether the student is in receipt of any other scholarship or financial assistance from the State
			Government/University or any other institution or person during the academic year? (Say 'Yes' or 'No' and, if yes, give full particulars including the monthly rate, date of award etc.
			and, if yes, give full particulars including the monthly rate, date of award etc.
			b) Whether brother(s)./sister(s) of the student is/was in receipt of stipend from Tea Board (Say 'Yes' or
			'No' and, if yes, write in details)
			and any or year, which is designed as
		1	Nature and amount of Tea Board stipend applied for :
			i) Tuition fee (excluding all other fees) payable : Rs
			For the academic year/session
			ii) Hostel charges :-
			a) Seat rent per session: Rs
			b) Establishment charges Rs
			c) Fooding charges Rs
		1	1. DECLARATION BY THE STUDENT AND THEIR PARENT/GUARDIAN :
			We hereby declare that the statement made by us in this application form are true to the best of our
		,	knowledge and belief. We also confirm that the applicant student was not detained in the same class (in
			last year or in any year) for which class the stipend is applied for. We further agree to abide by the terms and conditions of the award, if the application is selected for the grant of stipend applied for:
			D. D. May (Chap) Signature of the student with Signature of the father/mother/guardian
			date and place (who is working in Tea Estate) with
		E	Encl: List of documents to be attached as per item No. 8 date and place
			12. RECOMMENDATION OF THE HEAD OF THE INSTITUTION
	u n		Certified that I have verified the statements given in this application except items 4 (f) to (j), 5, 6 (e) to (g)
			& 9 (b) from the records and found them to be correct to the best of my knowledge and belief. The student
			is regular in attendance and his conduct is good. He/she is not in receipt of any other stipend or help during the session and has/have not applied for any other concession. Nor does this institution receive
			any compensation/grant from the State Government for remission of tuition fees for the class in which
			he/she is reading or from the community to which he/she belongs. The applicant resides in a hostel affiliated
			to this institution. The institution receives/does not receive grant-in-aid from the State Government.
			Wellan 215
		0	De Cool of the institute of the
		yoch	(Seal of the institution) CBE-21 Signature with pame of the Head of the institution
	(Pollachi Main Road, Eachanail Food
	0 10	1	13 RECOMMENDATION OF THE MANAGER OF TEA ESTATE Combatore - 641 021. Certified that both the parents/father/mother/guardian of Shri/Kum
1	167	100	√1
Se	25	14	\ is/are employed in this Tea Estate since
	ZEV		and all the entries made in this application have been verified by me. The ward
			for whom the stipend is applied for is a member of the 'Family' of the employee(s) as defined in the
			Plantations Labour Act.
•			Cinnet we with name of the Manager Tee Estate
			(Seal of the Tea Estate) Signature with name of the Manager, Tea Estate
			Registered No. of Tea Estate
			Date & Place
	,		RECOMMENDATION BY TEA PRODUCERS' ASSOCIATION (IF THE PARENT/GUARDIAN OF THE
			STUDENT IS A MEDICAL OFFICER OR HOLDS A MANAGERIAL POST DRAWING TOTAL CASH
			EMOLUMENTS NOT MORE THAN RS. 10,000/- PER MONTH.)
			Certified that the parent/guardian of the student is employed in
			Tea Estate of M/s.
			and is in receipt of total emoluments of Rs.
			(including D. A., Non-practicing allowance etc.) per month.
			(Seal of the Association) Signature with name of the Secretary of the Association
	8 9		
		(8)	Dare & Place
es .			그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그

(For Office use only) Name of the TE: TB Reg. No.: WFS A/c Year: CERTIFICATE FOR EDUCATIONAL STIPEND UNDER HRD SCHEME DUDINACIA AXIONA is a bonafide School / College, studied M. Com. CD-II (Class & Course) ____. He / She had paid a sum of Rs. 33, 250 Thinky Throe Tho When Two hunched Pirky Only towards tuition fees and hostel charges for the said academic year as per details given below: Tuition Fees* (Rs.) Hostel Charges** (Rs.)

Academic Session From 06/08/201(to 23/04/2016 Amount in words (Rupees Thirty Three Thoushand Two hundred Pirkpnly)

Note: (*- Tuition Fees include Admission, Examination, Sports, Library, Common Room, Magazine, Electricity, College Development, Laboratory, etc.) (**- Hostel Charges Include Seat Rent per Session, Establishment Charges & Fooding Charges) Certified that the student has actually stayed / not stayed in the hostel. The hostel in which the student stayed is affiliated to / Recognised by KARPAGAM UNIVERSITY for the above said period. Certified that the student received / not received a sum of Rs. only) as Scholarship / Stipend / Fee Concession from sources other than the TEA BOARD for the above said period. Karpagam University

(Seal of the Instituti

during the academic year 2016-17

Pollachi Main Road, Eachanari Post Coimbatore - 641 021.

Signature with Seal

(Headmaster/Headmistress/Principal/Head of the Institution)

(Please note that the above tertificate should not be overwritten or tampered)

333 900, Baholanship Received D.



TEA BOARD

Name of the Estate TB Reg. No.

Applicant's Contact No. :

WFS_

14, BIPLABI TRAILOKYA MAHARAJ SARANI, KOLKATTA - 700 001

APPLICATION FOR EDUCATIONAL STIPEND (Form No. I)

s. No. 6305

All columns in the form should be filled in. All applications should be submitted within one year from the date of commencement of an academic year/session. Incomplete application forms or applications submitted after prescribed date will not be taken up for consideration.



Original

no	ot be	e taken up for consideration.
1.	Fu	Il name of the student RAMYA R (J4MB0017)
		CAPITAL LETTERS)
2.		Date of birth 01.03.1997 b) Nationality Indian
		Sex. Female d) If the student belongs to a
		Scheduled Caste/Tribe, say 'Yes' or 'No; and, if yes, mention Scheduled Caste or Scheduled Tribe
		(with Community Certificate) to be enclosed.
3.	Fu	Il address (present and permanent) Street / House: 18-912 Musugalli Louves divisian Musugalli Estate.
	Po	st: Musuqulli Bazaar State Tamulradu Pincode 642125 Mobile No. 7598193225 Valpasai
4.		rticulars of parents :
		Name of father RAMAR PF. No. or CR No. 2065 b) Designation Worker
	c)	His Address 18-912, Musugalli Estate Musugalli Bazaas(Pa) d) Age 53
	e)	Name and address of Tea Estate in which employed Parry Ngro Inclustries I to Musugalli Estate Musugalli Bazaar (pp) Valparai -
	f)	Name of Mother. PARAN JOTH PF. No. or CR No. 2.12.0
	h)	Her present address. 1.8.—912. Munugalli Estate. Mungalli Bapul) Age. 4.5
	j)	Name of address of Tea Estate in which employed Parry Agro Included 11d Musingally Estate
	k)	Adhar Card No. 28222160464A of Parent / Guardian copy to be enlosed
		nthly total income of the parents 10000/-
6.	Inc	case both the parents are not alive, please give particulars of the guardian :
	a)	Name in full
	c)	Present Address
	d)	Name and address of Tea Estate in which employed
	e)	Monthly total income
	f)	His/her exact relationship with the student
	g)	If any other dependent of guardian is in receipt of the Tea Board stipend, particulars thereof
		The late and there is a not be
7.	a) 	Name and address of the institution where admission has been secured for the current academic year KARPASIAM UNIVERSITY. COLMBATORE - 641.021 - Eachanau (po)
	b)	Class, Sec. & Roll No. B. & C. [MICROBIOLOGY] & 14 M. BU. 017
	c)	Affiliated to recognized by
	d)	Name and nature of the course (part time/full time) and its duration KSC (PICKOBIOLOGY) 3 Years.
	e)	Duration of the current academic years/session: IIM BSC (Microbiology)
		From 22-06 2015 to 20 04 2016
		Date Month Year Date Month Year
	f)	Whether residing in an affiliated hostel and, if so address thereof. Karpingam (miversity Eachanari (po) Pollachi main Road coimbatore 64102)
	g)	Months during the academic year when the hostel remains closed

		me of the Annual and current Academic year passed Mark list of /public examination mentioning the
У	/ea	ar of passing the examination (attach attested copy of Mark Sheet)
(Go	Whether the student is in receipt of any other scholarship or financial assistance from the State vernment/University or any other institution or person during the academic year? (Say 'Yes' or 'No' and, if s, give full particulars including the monthly rate, date of award etc.
	0)	Whether brother(s),/sister(s) of the student is/was in receipt of stipend from Tea Board (Say 'Yes' or 'No' and, if yes, write in details)
		ture and amount of Tea Board Stipend applied for :
1)	Tuition fee (including all other fees) payable not more than Rs.20,000/- 2015. For the academic year/session (Original Bill or Receipt)
i	i)	Hostel Charges (Original Bill or Receipt)
2	a)	Seat rent per session not more than Rs.20,000/- Rs
b	0)	Establishment Rs.
11. E	c) 3aı	Fooding Charges Rs. nk Details: SBI VALPARAI [BRANCH] 12. Adhar Card No.if any: 48.7790762
13.0	DE	CLARATION BY THE STUDENTAND THEIR PARENT/GUARDIAN:
У С	ea cor	hereby declare that the statement made by us in this application from are true to the best of our by
R	R	anyo 1.7.16 Combatore
5	sig	nature of the Student with Signature of the father/mother/guardian
		date and place (who is working in Tea Estate) with
		List of documents to be attached as per item No.2D, 8,10,11,12 date and place COMMENDATION OF THE HEAD OF THE INSTITUTION
(r s	b) eg es	rtified that I have verified the statements given in this application except items 4 (f) to (j), 5, 6 (e) to (g) & 9 from the records and found them to be connect to the best of my knowledge and belief. The student is ular in attendance and his conduct is good. He/she is not in receipt of any other stipend or help during the ssion and has/have not applied for any other concession of tuition fees for the class in which he/she is ding or from the community to which he/she belongs. The applicant resides in a hostel affiliated to this titution. The institution receives/does not receive grant-in-aid from the State Government.
		Signature with name of the fleat of the institution REGISTRAR Name of the Place Kanagam University
13.F	RE Cer	rtified that both the parents/father/mother/guardian of Smt/KumPollachi Main Road. Eachanari Post, is/are employed in the Great times 641.021.
		and all the entries made in this application have been verified by me. ward for whom the stipend is applied for is a member of the 'Family' of the employed) as defined in the ntations Labour Act.
(Se	Signature with name of the Manager. Tea Estate Registered No. of Tea Estate
		Date & Place
Doc	un	nents Enclosed (Please tick (✓) below)
Y \ [Du	ly filled application form
		ssport Size Photo - 1 No.
		ssed Mark Sheet (1 st Year / 2 nd year/3 rd Year/4 th year)
		ginal Bills of Hostel Fee & Tuition Fee (if Xerox copy, it must be attested by Principal/Head of Instution)
		ny of SC Community certificate if any from appropriate authority

☑¹ Copy of Bank Pass Book with IFSC Code☑¹ Contact Details (Mobile No. / Landline No.)

☐ Scholarship details availed if any

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TEA BOARD

14, BIPLABI TRAILOKYA MAHARAJ SARANI, KOLKATA - 700 001

APPLICATION FOR EDUCATIONAL STIPEND (Form No. I)

No.	Original
	To be filled in by Tea Board Office
All columns in the form should be filled in. All applications should be submitted within one year from the date of commencement of an academic year/session. Incomplete application forms or applications submitted after prescribed date will not be taken up for consideration.	Index No. Regd. No. If sanctioned
1. Full name of the student T. KARTHICK	
(in CAPITAL LETTERS)	~
	o) Nationality INDIAN
C) GCA	d) If the student belongs to a
Scheduled Caste/Tribe, say 'Yes' or 'No and, if yes, n	nention Scheduled Caste or Scheduled Tribe
S.C. (pallan) 3. Full address (present and permanent) 2/50.b	
3. Full address (present and permanent) 2/50.6	kota da Sstude
kotagiri Nilgiri 643	3236
4. Particulars of parents: a) Name of father	1.1
a) Name of fatherRJ.Ohn.S.CTI	b) DesignationLabation
c) His Address 2/n.o.b. hotada estaloko	taguri d) Age
e) Name and address of Tea Estate in which employed.	Kotaua Estada
nilgiris - 643236. 1) Name of mother N. Rossullii	Labrain
f) - Name of mother	g) Designation.
h) Her present address 2/506 last a.da.s.s.	(2.4.2
j) Name & address of Tea Estate in which employed	Motoda Estul
Wilginis - 643236	
5. Monthly total income of the parents	
6. In case both the parents are not alive, please give partic	
a) Name in full	
c) Present address	
d) Name and address of Tea Estate in which employed	
e) Monthly total income	
f) His/her exact relationship with the student	
g) If any other dependant of guardian is in receipt of the	e Tea Board stipend, particulars thereof
7 What was a delivery of the institution where admission	has been accurred for the current condemic year
7. a) Name and address of the institution where admission Kurpa gum	Value 10 ad - 6 at 22 t
	RT(1/1) h
To the state of th	nut
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	and no duranter
From July 2016	10 April 2016
Date Month Year	Date Month Year
in the second control of the second control	/
f) Whether residing in an affiliated hostel and, it so, add	
Months during the academic year when the hostel is	

5. Contil Rock 1081 16

	8. Name of the last annual/public examina	tion passed mentioning the year of passing the examination
	(attach attested copy of Mark Sneet)	R.SC semaster examination
	Mar-2015	
	9 a) Whether the student is in receipt of Government/University or any other 'No' and, if yes, give full particulars, in	any other scholarship or financial assistance from the State institution or person during the academic year? (Say 'Yes' or cluding the monthly rate, date of award etc.
		P - 3800/2 , 12:02:2015
	'No' and, if yes, write in details)	udent is/was in receipt of stipend from Tea Board (Say 'Yes' or
	12:02:2015	
	10. Nature and amount of Tea Board stipend	1 - 1 - 1
	i) Tuition fee (excluding all other fees) For the academic year/session 20	
	ii) Hostel charges :-	THE
		Total (a +b+c) Rs
	11. DECLARATION BY THE STUDENT AN	
	knowledge and belief. We also confirm the last year or in any year) for which class the and conditions of the award, if the applic	nade by us in this application form are true to the best of our at the applicant student was not detained in the same class (in e stipend is applied for. We further agree to abide by the terms ation is selected for the grant of stipend applied for:
	J. Warthel 31 7 51 Lotada	P. Johnson (31:07: 2015) kotada
*	Signature of the student with	Signature of the father/mother/guardian
	date and place	(who is working in Tea Estate) with
	End: List of documents to be attached as p 12. RECOMMENDATION OF THE HEAD O	
	8.9 (b) from the records and found them to is regular in attendance and his conduct during the session and has/have not app any compensation/grant from the State (he/she is reading or from the community to	ts given in this application except items 4 (f) to (j), 5, 6 (e) to (g) to be correct to the best of my knowledge and belief. The student is good. He/she is not in receipt of any other stipend or help slied for any other concession. Nor does this institution receive Government for remission of tuition fees for the class in which which he/she belongs. The applicant resides in a hostel affiliated does not receive grant-in-aid from the State Government.
engania (1975) (Palleur e Marie 1975) an	(Seal dune institution) CBE-21 RECOMMENDATION OF THE MANAG Certified that both the parents/father/moth	Signature with name of the Head of the institution Date & Place
	and all the entr	Pollachi Main Road, Eachanari Post, is/are employed in this Tea Estate since
_	4	res made in this application have been verified by me. The ward member of the 'Family' of the employee(s) as defined in the
next o	3	
14/7 1	(Seal of the Tea Estate)	Signature with name of the Manager, Tea Estate
101 48	//)	Registered No. of Tea Estate
1. 1/0		Date & Place
	RECOMMENDATION BY TEA PRODUCE STUDENT IS A MEDICAL OFFICER OR EMOLUMENTS NOT MORE THAN RS. 10,	RS' ASSOCIATION (IF THE PARENT/GUARDIAN OF THE HOLDS A MANAGERIAL POST DRAWING TOTAL CASH
	Certified that the parent/guardian of the stude	ent is employed in
		of M/s.
	(including D. A., Non-practicing allowance et	
		87
	(Coal of the Association)	(
	(Seal of the Association)	Signature with name of the Secretary of the Association
		Date & Place
		*





TEA BOARD

14, BIPLABI TRAILOKYA MAHARAJ SARANI, KOLKATA - 700 001

APPLICATION FOR EDUCATIONAL STIPEND (Form No. I)

No		l ob many equipment		Original
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		imns in the form should be filled in. All	5.4	لفار
ар	plica	tions should be submitted within one year e date of commencement of an academic	Index No.	2
ve	ar/se	ssion. Incomplete application forms or	Regd. No.	a primi
ap	plica	tions submitted after prescribed date will taken up for consideration.	If sanctioned	arat afore, ége
110	l De	taken up for consideration.	का विनायुव नहीं जायंगा	
1.	Full	name of the student ARJUN-J	14ccv 128)	
Per-resident	(in (CAPITAL LETTERS)		
2.	a) ,	Date of birth		
			If the student belongs to a	
		Scheduled Caste/Tribe, say 'Yes' or 'No' and, if yes, m		
		Hada tallay	00000000	
3.	Full	address (present and permanent) . C. o. A Loupe	arsamy tit NO 1, 1, 1	789
	.Kc	rdale ar East Dr. Nyamalcaid		
4.		ticulars of parents :	ं होति से में मिलिय	2 0 12
	a)	Name of father Alasa same from	b) Designation	8. 1
	c)	His Äddress lead a ar fort ow, Nu Name and address of Tea Estate in which employed.	amalcod d) Age	A
	e)	Name and address of Tea Estate in which employed	WITCODITION	In FLO
	2 25	Nyamakad Estale, Mc	innar 120 1	6177 FF
	f)	Name of mother Tamil Selvie P. F. NO.	g) Designation. (Dosu	Name (et
	h)	Her present address kadalaar East on 1	Nyamakad Estabi) Age	
	j)	Name & address of Tea Estate in which employed	12, 80H6c (b) F	ΤΩ,,
	•	Nyanakad Estale, A	Ournar	
5.	Мо	nthly total income of the parents		
6.	In c	case both the parents are not alive, please give partic	culars of the guardian:	rancostate 3
		Name in full		nara tan A
		Present address	Pitter mil authoriz radine	arte are o
	d)	Name and address of Tea Estate in which employed	h1	· · · · · · · · · · · · · · · · · · ·
	e)	Mariable stated in home	The factor of the state of the	THE CALL
	f)	His/her exact relationship with the student	स्पदा का नाम व परा जहाँ क्यांत ह	ाश्ह (छ)
	g)	If any other dependant of guardian is in receipt of the	Tea Board stipend, particulars the	ereof
	3)			
7.	a)	Name and address of the institution where admission	has been secured for the current a	cademic year
	∽ /	Karpagan Axts & Science	c College Coint	salore
	b)	Class, Sec. & Roll No. 7) 41 B. Com.	CRAY 14°CCU128	
	c)	Affiliated to/recognized by		
	d)	Name and nature of the course (part time/full time) a	nd its duration Full Line	
	e)	Duration of the current academic year/session:	THE REPORT OF THE PARTY HIS IN	201 (3)
	٥)	From 2 , 7, 2014	to 30 3.	2015
		Date Month Year	Date Month	Year

		ivai	ach attested copy of Mark S	examination p	Fail dans	onto	CAL TRACE SA		
	1	(att		neet)	Man Man	2019			
1	9.	 a)	Whether the student is in	receipt of any o	other scholarship	or financial assis	stance from the Sta	ate	
1			Government/University or a 'No' and, if yes, give full par					or	
		b)	Whether brother(s)./sister(s 'No' and, if yes, write in det		is/was in receipt of	of stipend from To	эа Board (Say 'Yes'	or 'or	
							20 E		•
	10.	Na	ture and amount of Tea Boa	rd stipend appli	ed for :		अवदित है। वार्ड वृत्ति	Of	~
		i)	Tuition fee (excluding all ot		27.4	30,000/-	ः) कन्द्रहान्।		
			For the academic year/sess			夏东	हम। कि किशा	. *	
		ii)	Hostel charges :-	1			॥) छात्रावास प्रमार		
		a)	Seat rent per session :	Rs	<u></u>	Total (a +b)+c) Rs		
		b)	Establishment charges			···· Alter	i Hendrar Se		10
		c)	Fooding charges	Rs			the letter (it		
	11	,	CLARATION BY THE STU			ARDIAN	sym on themsoft	Fr	(95)
	11.		hereby declare that the sta		my the company of the	was dille for any in former	true to the hest of	OUR	
0		kno	owledge and belief. We also t year or in any year) for whic	confirm that the	applicant studen end is applied for.	t was not detaine We further agree	d in the same class e to abide by the ter	(in	•
		and	d conditions of the award, if	tne application	is selected for the	grant of supend	applied to .	Hagan	Trans
	7 (91)	C:-	x Doym, A.			Signature of the I	ather/mother/guard	Hagar	Johnny
	E 7	SIC	nature of the student with date and place		35 Z		g in Tell Estate) wit		
	En	~I ·	List of documents to be atta	ached as par its	m No. 8		and place		p
			COMMENDATION OF THE			programme to the	PLUM SE CONT	K, K	el i
	12.	Ce	rtified that I have verified the	statements giv	en in this applicati	on except items	4 (f) to (i), 5, 6 (e) to	(g)	
		& 9	(b) from the records and fou	nd them to be c	orrect to the best of	of my knowledge	and belief. The stud	ent	2
			egular in attendance and hi						
			ring the session and has/hav compensation/grant from t						
		he	she is reading or from the cor	nmunity to which	he/she belongs.	The applicant resi	des in a hostel affilia		
		to	his institution. The institution	receives/does r	not receive grant-in	n-aid from the Sta	te Government.		
		1/3	E.M. CEL			18 10/08/13	letelar	281)	
	. /	SA.	COIMBATORE E			R	EGISTRAR		
		吾	eal citioninstitution)	TBYF	(Karpagam Acad	lemy of Higher Edu	cation	
		1/2	3 mel	5	Signature w	rit Priame of Univer	ity Under Section 3 of UGC —ead of the institution and Road, Lachanan Pust, abatore - 641 021	Act 1956) On	E.
m	AX	111	* * NO () () ()	1	Date & Pl	aceCoit	abatore - 641 021.	13.	be-
18)	13	RF	COMMENDATION OF THE	MANAGERO		A Grand He	भी हैं तरफ़्त श्रीति है		
	717	Ce	rtified that both the parents/fa	ther/mother/au	ardian of Shri/Kum	21/8	A ropiy	RAS.	
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(Seal of the Association)

Arynn A.

() Signature with name of the Secretary of the Associaiton



CERTIFICATE FOR EDUCATIONAL STIPEND UNDER HRD SCHEME

(1481/010)
Certified that KARTHICKS S/0 / D/0 TOTAL SOX R
a student ofClass of this School / College has paid a sum of Rs. 39, 500
(Rupees Thirty Nine thousand five hundred Only) towards tuition fees only,
(excluding all other charges such as Development Fees, building charges, poor fund etc.) and the hostel
charges for the period from $2015-16$ as per details given below:

Month	Tuition Fees* (Rs.)	Hostel Charges** (Rs.)
April	3,292	
May	3,292	
June	8,292	
July	3,292	
August	3,292	_
September	3,292	~ (*)
October	3,292	
November	3,292	
December	3,292	
January	3,292	
February	3.292	
March	3,292	
То	tal 39,500/-	

Note:- (*- Tution Fees include Admission, Examination, Sports, Library, Common Room, Magazine, Electricity, College

Development, Laboratory, etc.) (**- Hostel Charges Include S	eat Rent per Session, Establishment Cha	rges & Fooding Charges)
Certified that and the student actually stayed	I / not stayed in the hostel and	the hostel in which the
student was stayed is affiliated to / Recognised by		for the period
from to		
Certified that the student received / no	t received a sum of Rs	/- (Rupees
only) as	stipend or fee concession from	sources other than the
TEA BOARD for the above said period.	REGISTRAR	2816
GAM UNIVERSION OCC	Rarpagam University Pollachi Main Road, Eachanari Compatore - 641 021.	Post
ME VEN VENL	All Signature	

eadmistress Principal/Head of the Institution



APPLICATION FOR EDUCATION ALS INFERIO

Original

9442953541

All columns in the form should be filled in. All applications should be submitted within one year from the date of commencement of an academic year/session. Incomplete application forms or applications submitted after prescribed date will not be taken up for consideration.

Tories No.
Regd. No.

	plications submitted after prescribed date will If sanctioned
1	Full name of the student B. SATHYH VA NI ^ (In CAPITAL LETTERS)
2.	a) Date of birth 17-10-1994 b) Nationality 9 ndian
	c) Sexd) If the student belongs to a
	Scheduled Caste/Tribe, say 'Yes' or 'No' and, if yes, mention Scheduled Caste or Scheduled Tribe +es Api - D & vide
2	Full address (present and permanent) B. Sattyevani Dlo Bala
J.	Sulvamano. 9 terpadi Ind DVN. 9 yerpadi 642108
4.	Particulars of parents:
	a) Name of father Balasulva mamay b) Designation habour
	c) His Address Balakulona wawaws, 9 yer paoli d) Age 54
	Name and address of Tea Estate in which employed
	gyerradi gyerpadi.M. Colmogtore 7, Nady 642/08
	1) Name of mother. Dhana Lakh Mi
	h) Her present address Dhava (alk bush m) i) Age 4.7
	Name & address of Tea Estate in which employed The Manager.
	gyerpade lotate. gyerpade Po Cot unbatose. T. Nadu. 642108
5.	Monthly total income of the parents R5. 11,000 -90
6.	the authority of the substantial for a standard to a stand
	a) Name in full
	c) Present address
- 1	d) Name and address of Tea Estate in which employed
	e) Monthly total income
	f) His/her exact relationship with the student
	g) If any other dependant of guardian is in receipt of the Tea Board stipend, particulars thereof
7.	a) Name and address of the institution where admission has been secured for the current academic year
	Karpagam university, Poi Mbatove 641021
	Korpagam university, Coi Mbatove 641021 b) Class Sec. & Roll No. 1St MSC C Microbsology)
	c) Affiliated to/recognized by Sartagam Une Verso ty Coly bafor b4102
	o) Name and nature of the course (part time/full time) and its duration D. N. C. M. P. M. C. M. C
	c) Duration of the current academic year/session:
	2015 to 30.05 2016
	6 We almor residenci in an affiliated incisio and if a 1 of a 2 mar. or

attested Mark sheet affached.

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