

## Government Scholarship, 2019-20

### TEA BOARD SCHOLARSHIP

Sl.No	Name of the Student	Programme	Amount Rs.
1	Femila rani J	III B.Pharmacy	80,000.00
Total			80,000.00



# TEA BOARD

14, BIPLABI TRAILOKYA MAHARAJ SARANI,  
KOLKATTA - 700 001

## APPLICATION FOR EDUCATIONAL STIPEND (Form No. I)

(for office use only)

File No. \_\_\_\_\_  
Name of the Estate \_\_\_\_\_  
TB Reg. No. \_\_\_\_\_ WFS \_\_\_\_\_  
Applicant's Contact No. \_\_\_\_\_

S. No.

Original

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.



- Full name of the student... FEMILA RANI J  
(in CAPITAL LETTERS)
- Date of birth... 28.08.1998
  - Nationality... INDIA
  - Sex... FEMALE
  - 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.  
NO
- Full address (present and permanent) Street / House : MALUKAPARAI - 1<sup>st</sup> DIVISION  
Post : PARIYARAM State KERALA Pincode : \_\_\_\_\_ Mobile No. 9626 047718
- Particulars of parents :
  - Name of father... JACOB S PF. No. or CR No. 5498 b) Designation LABOR
  - His Address... MALUKAPARAI - 1<sup>st</sup> DIVISION d) Age... 49
  - Name and address of Tea Estate in which employed...  
MALUKAPARAI - TATA
  - Name of Mother... AMUTHA J PF. No. or CR No. \_\_\_\_\_ b) Designation HOME MAKER
  - Her present address... MALUKAPARAI - 1<sup>st</sup> DIVISION Age 40
  - Name and address of Tea Estate in which employed... TATA COFFEE PRIVATE LTD.
  - Adhar Card No. \_\_\_\_\_ of Parent / Guardian copy to be enclosed  
782484 943298
- Monthly total income of the parents... 15,000
- In case both the parents are not alive, please give particulars of the guardian :
  - Name in full \_\_\_\_\_ PF. No. or CR No. \_\_\_\_\_ b) Designation \_\_\_\_\_
  - Present Address \_\_\_\_\_
  - Name and address of Tea Estate in which employed \_\_\_\_\_
  - Monthly total income \_\_\_\_\_
  - His/her exact relationship with the student \_\_\_\_\_
  - If any other dependent of guardian is in receipt of the Tea Board stipend, particulars thereof \_\_\_\_\_
- Name and address of the institution where admission has been secured for the current academic year  
KARPAGAM ACADEMY OF HIGHER EDUCATION, ECHINARI (POST)
  - Class, Sec. & Roll No. B. PHARM - 1<sup>st</sup> year, 16pyu016
  - Affiliated to recognized by... ESTABLISHED UNDER SECTION 3 OF UGC ACT, 1956
  - Name and nature of the course (part time/full time) and its duration B. PHARMACY - FOUR YEAR
  - Duration of the current academic years/session :  
From 18.06.2018 to 11.04.19  
Date Month Year Date Month Year
  - Whether residing in an affiliated hostel and, if so address thereof KARPAGAM LADIES HOSTEL  
KARPAGAM ACADEMY OF HIGHER EDUCATION
  - Months during the academic year when the hostel remains closed  
MAY



8. Name of the Annual and current Academic year passed Mark list of /public examination mentioning the year of passing the examination (attach attested copy of Mark Sheet) .....

FOURTH YEAR - SEVENTH SEMESTER

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.)

No

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)

No

10. Nature and amount of Tea Board Stipend applied for :

i) Tuition fee (including all other fees) payable not more than Rs.20,000/- Rs. 80,000 For the academic year/session (Original Bill or Receipt)

R.No-19TU/NO  
V08501

ii) Hostel Charges (Original Bill or Receipt)

a) Seat rent per session not more than Rs.20,000/- Rs. 20,000 Total (a+b+c) Rs. 61,000

b) Establishment Rs. 20,000

c) Fooding Charges Rs. 21,000

R.No 19HOSDEC  
03604

11. Bank Details : 1391010000025159 12. Adhar Card No. if any : 383485598 292

13. DECLARATION BY THE STUDENT AND THEIR PARENT/GUARDIAN :

We hereby declare that the statement made by us in this application from 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 :

Signature of the Student with  
date and place

Signature of the father/mother/guardian  
(who is working in Tea Estate) with

Encl: List of documents to be attached as per item No.2D, 8,10,11,12 date and place

14. RECOMMENDATION OF THE HEAD OF THE INSTITUTION

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 connect 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 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.

(Seal of the institution)

Signature with name of the Head of the institution

Date & Place : (Deemed to be University Under Section 3 of UGC Act 1956)  
Pollachi Main Road, Echaveri Post,  
Coimbatore - 641 021.

15. RECOMMENDATION OF THE MANAGER OF TEA ESTATE

Certified that both the parents/father/mother/guardian of ..... is/are employed in this Tea Estate ..... 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 employed) as defined in the Plantations Labour Act.

(Seal of the Tea Estate)

Signature with name of the Manager, Tea Estate

Registered No. of Tea Estate .....

Date & Place .....

Documents Enclosed (Please tick (✓) below)

- ☒ Duly filled application form
- ☒ Passport Size Photo - 1 No.
- ☒ Passed Mark Sheet (1<sup>st</sup> Year / 2<sup>nd</sup> year/3<sup>rd</sup> Year/4<sup>th</sup> year)
- ☒ Original Bills of Hostel Fee & Tuition Fee (if Xerox copy, it must be attested by Principal/Head of Institution)
- ☒ Copy of SC Community certificate if any from appropriate authority
- ☒ Copy of Bank Pass Book with IFSC Code
- ☒ Contact Details (Mobile No. / Landline No.)
- ☐ Scholarship details availed if any

Dean  
Faculty of Pharmacy  
Karpagam Academy of Higher Education  
(Deemed to be University)  
Established Under Section 3 of UGC Act, 1956  
Coimbatore - 641 021, Tamil Nadu, India.

Reviewed  
20.12.19