

THE LAST DATE OF SUBMISSION : **31.12.2019**
FORM NO. SBF/EDN/Tech/2019-20
APPLICATION FOR EDUCATIONAL ASSISTANCE FROM CSBF

(FOR TECHNICAL & PROFESSIONAL COURSE ONLY)
(Above G.P. Rs.2400/-/ Pay Level - 4)

1. (a) Name of the course -----
(b) Whether renewal or new -----
(c) If technical, whether degree or diploma -----
2. (a) Name of the Rly. Employee -----
(in block letter)
(b) Designation ----- (c) Office -----
(d) Mobile No. ----- (e) Grade Pay/Level -----
(f) Bill Unit No in full. ----- (g) P.F. No. in full -----
** (Xerox copy of Pay Slip must be enclosed)
3. (a) Name of the Student -----
(in block letter)
(b) Class in which reading -----
(c) Name & Address of the Institution in which reading -----
(d) Name of the Board/University -----
4. (a) Relationship with the employee -----
(b) Date of Admission in the Institution -----
5. Name of the Final/Periodical Exam. passed -----
6. Has the student been detained last year in the class -----
- 7 Amount of tuition fees paid per month -----
(Attested copy of Money Receipt must be attached)
8. Is he / she enjoying – a) Any scholarship -----
b) full free studentship -----
c) half free studentship -----
d) any financial assistance, -----
if so, state the amount & source -----
10. Whether the applicant (Rly. employee) was in receipt of any educational assistance from SBF
(if so, the particulars of assistance, amount and year may be indicated) -----

Date :

Office Address ----- Full signature of the applicant -----

----- Designation -----

----- Mobile No. -----

Forwarded by: -----

N.B. – “ANNEXURE – A” must be attached.

ANNEXURE - A

(To be attached to Form No. SBF/EDN/Tech/2019-20)
(FOR TECHNICAL & PROFESSIONAL COURSE ONLY)

Certified by the Head of the Institution.

I certify that Sri/Smt.-----

Son/daughter of Sri/Smt-----

is a student in Class/semester-----of -----Years of Engg. Degree/Diploma or

M.B.B.S. course. He/She is a student in this years of Institution, since -----

(months/years).Total marks secured by him/her is -----in the last Final or Periodical

Examination (name of the exam.)-----

2. The student is/is not enjoying any free or half free studentship/Scholarship/ assistance from the College. He/She is / is not enjoying financial assistance from any other source, as declared to us by the student.

3. The student has been detained / has not been detained in the class last year. If detained, mention year class and name of the examination -----

4. The student is paying Rs.-----as tuition fee in each month to this institution.

6. The Institute is recognized by (Name of the University)-----

Date -----

Name & Address of
the Institution

(Signature of the Head the
Institution with his office
with seal)