CHECK LIST (FRESH APPLICATION)

1. Name of the Student :

2. Name of the Institution :

3. Course of Present Study :

4. Category : SC / ST / OBC / MBC / General

5. Phone/Cell No.: E.mail I.D. :

6. Aadhar No. :

(FOR DIRECTORATE OF HIGHER AND TECHNICAL EDUCATION OFFICE USE ONLY)

7. Copy of CENTAC Selection Order : Enclosed / Not enclosed

8. Self Affidavit : Enclosed / Not enclosed

9. Caste Certificate (In case of SC / ST / OBC / MBC) : Enclosed / Not enclosed

10. Higher Secondary (+2) Mark List : Enclosed / Not enclosed

11. Application duly filled in : Enclosed / Not enclosed

12. Nationality and Residence Certificate : Enclosed / Not enclosed

13. Attested copy of 1st page of Bank Pass Book / Account : Enclosed / Not enclosed

Statement

SIGNATURE OF DEALING ASSISTANT

SIGNATURE OF SECTION HEAD

APPLICATION FOR AWARD OF "PERUNTHALAIVAR KAMARAJAR FINANCIAL ASSISTANCE" TO 1ST YEAR / II YEAR (LATERAL ENTRY) STUDENTS FORWARDING CERTIFICATE

(This certificate should not be filled-in by the applicant. It should be filled-in by the Head of the Institution in which the applicant is a student in 20 - 20) Name of the student (in BLOCK LETTERS) 1. 2. Name of the Examination Passed 3. Name of Father / Guardian Class to which admitted {I Year / II Year (Lateral Entry)} 4. 5. CENTAC No. and Year (A copy of the CENTAC selection order to be enclosed) 6. Year of Admission 7. The date on which the student joined the institution for the Date Month Year academic year 20 - 20 8. Year of passing 9. Marks secured by the student and maximum marks 10. Percentage of marks 11. Community (Copy of the Community certificate to be enclosed in the case of SC/ST/MBC/OBC) 12. The month and year in which the Annual University Examination will be ordinarily be over for the present class 13. Student Bank A/c Details (a) Name of the Bank & Branch (b) Bank Account No. Attested copy of the 1st Page of Bank Pass Book (or Statement of A/c should be enclosed)

Certified that the particulars furnished above have been verified by me and found correct.

Signature of the Principal / Registrar

The application form has been scrutinized and found to be in order and the candidate deserves to avail

financial assistance.

Place:

Date: (Office Seal)

CHECK LIST FOR SCRUTINY OF APPLICATIONS FOR THE AWARD OF PERUNTHALAIVAR KAMARAJAR FINANCIAL ASSISTANCE TO THE STUDENTS

	STUDYING		COURSE
1.	Name of the student (in BLOCK LETTERS)	:	
2.	Class	:	
3.	Name of the Institution where studying at present	:	
4.	Qualifying Examination	:	
5.	Total aggregate marks	:	
6.	Percentage obtained in the above examination	:	
7. 8.	Whether the applicant is already in receipt of any other Scholarships, i.e. National Scholarship Scheme / Pondicherry State Post-Matric Scholarship / Scholarship from A.D. Welfare Department. Whether the following enclosures attached to the application	:	
	(i) Attested copy of the mark sheets for the last Board / University Examination	:	
9.	(ii) Community, Nationality and Residence Certificates Whether all the columns of the application duly filled in or not	:	

10. Remarks

Signature of the Head of the Institution

ANNEXURE – I (Rule IV)

	APPLICATION FORM FOR PERUNTHALAIVAR KAMARA	AJAF	R FINAI	NCI	AL ASSI	STANCE TO)
	THE STUDENTS STUDYING					COURSE	=
No d If ar awa II. Ir	Each item should be read carefully before the form is fichange will be permitted after the application has been subtry entry is found to be incorrect, the Financial Assistanted, will be liable to be cancelled forthwith. Incomplete statement or statements received after the prescrivial not be considered.	mitt nce	ed. , if			ort size aph to be d here	_
1.	Name in full stating whether Shri / Smt. / Kum. (in BLOCK LETTERS)	:					
2.	(a) Exact date of Birth (In Christian era)	:	Date]	Month	Year	
	(b) Place, District and State of Birth	:					
	(c) Residential address of candidate	:					
3.	Details of Parents		Fathe	r		Mother	
	(a) Name						
	(b) Nationality						
	(c) Whether alive						
	(d) Occupation	•					

5	5 Particulars of School / College / Institution last attended				
Nam	ne of School / College	Date of Entry	Date of	Year	Remarks, if any
Instit	tution		Leaving		
	(1)	(2)	(3)	(4)	(5)

6.	(a) Name of the last examination passed	:
	(b) Year of passing	:
	(c) Name of the authority (Board or University) which conducted the examination taken by the applicant together with the place of its headquarters	:
	(d) Roll No.	:
	(e) Total number of marks for the examination as a whole including the marks in the Optional paper / papers, if these are counted by Board, University in awarding division (Attested copy of the marks sheet should be attached)	:
	(f) Percentage of marks obtained in the aggregate	:
7.	If the candidate is in receipt of any Scholarship or Scholarships from a State Government or any other institution or persons, particulars should be given including the monthly rate and date from which the Scholarship is being drawn.	:
8.	(a) Name and address of the institution where the Scholar has been admitted	:
	(b) Course of Study	:
	(c) Duration of the Course	:

9.	List of enclosures sent with the statement (please strike out that which is not applicable)	
	(a) Attested copy of mark sheet for the last Board / University Examination	:
	(b) Community, Nationality and Residence Certificate	:
	Certified that the statements made by me in this form is	correct.
	I declare that in case, I am selected for the Financial As se of study, and that I shall not received another Scholarshi ission from the Director of Higher and Technical Education ture.	p from any other source. I shall seek
Place	e :	
Date	:	Signature of the Student
	COUNTERSIGNED	
	COUNTERSIGNED	
		Signature of the Principal / Registrar
(Offic	ce Seal)	

SELF AFFIDAVIT

(To be furnished in Stamped Paper worth Rs.5/-)

I, Son / Daughter of		
·	a of Government of Puducherry, hereby declare that the furnished by me along with the applications for the Award of	
Perunthalaivar Kamarajar Financial Assistar	nce are true and correct.	
Further, I declare that I shall devote received the Scholarship.	e my full time to the course of study for which I have applied	
	particulars given in this declaration being found to be false or cial Assistance I shall refund the double the amount of the Government of Puducherry.	
Place :	Signature of the Student	
Date :	Name	
	Address	
Witness 1.	Name	
	Address	
Witness 2.	Name	
	Address	