

HIGHER STUDY

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT:  
HIGHER STUDY (MAX TWO ONLY)

(For wards of ESM/Widows upto the rank of (PBOR) and their Equivalent and max marks 50% and above, course duration of 12 months or more in a recognized institute)

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PERSONAL APPLICATION

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The Director  
Sainik Welfare, Guwahati , Assam

Through The Zila Sainik Welfare Officer/Welfare Organizer (for DFP)

1. I am \_\_\_\_\_ a  
ESM (Pensioner/Non Pensioner). I request for Education Grant (Higher  
Study) out of AFFDF.

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Date of application received :-----

Application No :-----

Subject of study :-----



(Above are not to be filled up by the candidate)

INSTRUCTION TO CANDIDATE

(a) This form must be neatly filled in by the candidate in block letters and forward to Director, Sainik Welfare, Assam, GHY.

(b) If the space provided in any column is not sufficient, a separate sheet may be attached.

(c) Candidates are, advised to ensure that their application are complete in all respects. It may not be possible to amend the particulars at any letter state or attach documents which have not been originally enclosed.

(d) A passport size photograph must be pasted at the space provided above

(e) Attested copies by a Gazetted Officer, Principal of a College or University degrees, Diplomas and School Leaving certificate indicating proof of age.

(f) Any incorrect information given in the application will make the candidate ineligible for the award and liable for legal action.

1. Name of the student -----
2. Full Particulars of Parents/Guardian: Army No \_\_\_\_\_  
Rank \_\_\_\_\_ Name \_\_\_\_\_  
Vill \_\_\_\_\_ PO \_\_\_\_\_ Dist \_\_\_\_\_  
State \_\_\_\_\_, Pin Code \_\_\_\_\_
3. Postal Address in full to which all correspondence should be sent  
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4. Date of birth of son/daughter-----
5. Educational Institutions attended and examination passed  
(Including post-graduate examination, if any), Commencing with the 10+2  
or equivalent examination).

Name of High School/College/University etc	Date of entering And Leaving	Examination Passed	Class or Divisions

6. Name of College/Institute : \_\_\_\_\_
7. Name of Course : \_\_\_\_\_  
(a) Branch : \_\_\_\_\_  
(b) The course under which regulatory body (UGC/AICTE/MCI/NCI/) \_\_\_\_\_ (cleared mentioned).
8. (a) Academic Year of admission taken : \_\_\_\_\_  
(b) Date of Admission in College : \_\_\_\_\_  
(c) Date of Course Completion (Tentative) : \_\_\_\_\_  
(d) Total Course Duration (in years) : \_\_\_\_\_
9. Photo copy of money receipt at the time of admission (Initial stage attached)

- 10. Account Holder Name : \_\_\_\_\_
- 11. Branch Name : \_\_\_\_\_
- 12. IFSC Code : \_\_\_\_\_, MICR No if held \_\_\_\_\_
- 13. Telephone No (Mandatory) \_\_\_\_\_

Declaration.

14. I understand that this is Financial Assistance for education grant for Higher Study and not a tuition fee reimbursement scheme. I have no legal right on the amount requested for.

15. I hereby declare that the information furnished in personal application is correct to the best of my knowledge.

16. I understand and accept that incomplete form would be rejected and I will not hold the authority responsible for such rejection.

(Signature of the applicant)

RECOMMENDATIONS BY ZSB/RSB

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17. Following original documents of ESM/Widow have been personally checked by ZSW Officer and photo copy duly attested by ZSWO are attached:-

- (a) ESM/Widow Identity Card.
- (b) Dependent Identity Card.
- (c) Complete Discharge Certificate/Book.
- (d) Bonafide cert from school/college authority.
- (e) Mark sheet both semesters/classes duly signed by Principal/Head master.
- (f) Bank pass book front and updated within six month date of submission of application.

18. I hereby declare that the information furnished above is correct as per the original documents of the applicant . Hence, case is

"Recommended"

Date : \_\_\_\_\_ (Signature of ZSWO)

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SANCTION BY SECRETARY, RSB

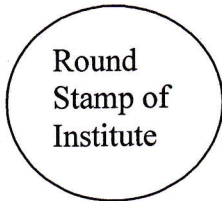
20. I hereby declare that the information furnished above is correct as per the original documents of the applicant. Hence, case is

"Sanctioned"

Date : \_\_\_\_\_ (Signature of Director)

**BONAFIDE CERTIFICATE FROM COLLEGE**  
(PLEASE DO NOT OVERWRITE OR USE CORRECTION PEN/WHITENER)

1. It is certified that Ms. / Mr. \_\_\_\_\_ is Bonafide student of \_\_\_\_\_ College / Institute. His / Her roll number is \_\_\_\_\_ and he / she is studying in the 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> / 5<sup>th</sup> year of \_\_\_\_\_ (Name of Course) in \_\_\_\_\_ branch (if any). He / she has joined this College / Institute in the Academic Year/Session \_\_\_\_\_ and the course will be completed in the month of \_\_\_\_\_ 20\_\_\_\_.
2. This is also certified that \_\_\_\_\_ (Name of Course) is a Professional Degree Course approved by (Regulatory Body) \_\_\_\_\_ and this College /Institute is affiliated to \_\_\_\_\_.
3. This is also certified that the student is getting Rs. \_\_\_\_\_ per month / year (If not getting, write N/A) scholarship / stipend from this College / Institute / **State Govt** or from any other sources / agencies.



**Signature**

Date \_\_\_\_\_

Place \_\_\_\_\_

(Rubber Stamp of signing authority will be affixed)  
**\* Signature of Principal/Vice Principal/Dean/Associate  
Dean /Registrar/Deputy Registrar/Director/Deputy Director**

**( `For` signature will not be accepted)**