

SCHEME NO.

FINANCIAL ASSISTANCE FOR EDUCATION

Children of the members shall be eligible for such financial assistance as may be determined by the Board for such courses of study as may be specified by the Board from time to time. An application in Form No. XLIII shall be submitted with such documents and within such time as may be specified by the Board.

FORM - XLIII
[See rule 286]

APPLICATION FOR EDUCATION SCHOLARSHIP

1. Name of student:
2. Male/female:
 - (a) SC/ST:
 - (b) Whether proof is attached:
3. Name of College and affiliated University/
Board:
4. Name and years of course:
5. Date of admission to the course:
6. Age and date of birth of the student:
7. Details of qualifying examination passed:

Name of exam	Name of affiliated University/Board/State	Month & year of passing qualifying examination

8. Marks scored in the qualifying Examination Maximum marks

Subject	Marks Scored	Maximum Marks	Percentage	Total Marks
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9. (a) Name of parent of applicant:
 - (b) Registration No.:
 - (c) Date of payment of first subscription:
 - (d) Date of payment of last subscription:
 - (e) No. of installments paid total subscription paid:
 - (f) Permanent address:
 - (g) Has the membership been revived: Yes/No
if so, period of revival:

The facts mentioned above are true to my knowledge. If selected for the scholarship, I promise that I will abide by the condition stipulated in the Scheme.

AFFIDAVIT OF THE PARENT OF THE STUDENT

I (Name & address) s/o or d/o (Name & address) _____solemnly affirm the following:

1. My son/ daughter Shri/Smt _____is studying for _____(name & years of course)
2. I am a member of the Board since _____ (year) with registration No.
3. Subscription has been paid up to _____
4. If any of the above facts are found to be wrong later, the scholarship amount granted to the student will be remitted back by me. The decision of Secretary in this regard will be applicable to me and it will be final & I agree with the same.
5. I also agree to recover any amount of default due from me.

Place: _____

Date: _____

Name & Signature

(To be signed before MLA/MP/Panchayat President/Gazetted Officer of the State or Central)

CERTIFICATE

I, Shri/Smt. _____
head of _____
(name of the Institution) hereby certify that
Mr/Ms. _____ is studying in
_____ for the academic year _____. I have
examined the application submitted by the student and I am convinced
that it is correct. This institution is affiliated to the
_____ University/Board.

Office seal

Signature of Principal/Head

Place:

Name:

Date:

Designation