

FORM - III
(SEE BYE-LAW 3)

COMPLETED APPLICATIONS SHOULD BE SUBMITTED TO THE ZILLA SAINIK
WELFARE OFFICER OF THE DISTRICT CONCERNED BEFORE
_____ OF THE ACADEMIC YEAR.

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APPLICATION FOR GRANT OF EDUCATIONAL CONCESSIONS FROM THE
SPECIAL FUND FOR RECONSTRUCTION AND REHABILITATION OF EX-
SERVICEMEN (ANDHRA PRADESH) HYDERABAD.

-#-

(For use of Ex-servicemen/Children of Ex-servicemen for the year
_____)

1. Name and address in full :
of the College/Polytechnic.
2. (a) Name of the student :
with home address.
(b) Date of birth in the case of :
dependent(candidate)
3. Class in which studying :
4. Particulars of Ex-serviceman parent :
(a) Unit :
(b) Regtl.No. :
(c) Rank :
(d) Name :
(e) Date of enrolment :
(f) Date of Discharge :
(g) Cause of discharge :
(h) Character assessed :
(i) Whether he is alive or dead :
5. Whether promoted from lower class :
Or detained in the same class
6. Relationship of the student to the :
Ex-servicemen.
7. Nature of concessions enjoyed by :
the student (i.e) Scholarship, free
grants, loan scholarships bursaries,
full/half fee concessions, etc.,

SIGNATURE OF THE STUDENT

PLACE:

DATE :

Signature of the Ex-Serviceman parent
if alive, signature of the widow of
Ex-serviceman.

NAME OF THE COLLEGE/
POLYTECHNIC AND ADDRESS IN FULL:

STATEMENT OF CLAIM FOR EDUCATIONAL CONCESSIONS FROM THE
ANDHRA PRADESH SPECIAL FUND FOR RECONSTRUCTION AND
REHABILITATION OF EX-SERVICEMEN FOR THE YEAR _____.

1. Name of the student :
2. Class in which studying :
3. Particulars of claim :

COST OF PAYMENTS

Concessions enjoyed By the student.	Actual amount payable			
	1 st Term	2 nd Term	3 rd Term	Total
	Rs.	Rs.	Rs.	Rs.
1) Tuition fees				
2) Book Allowances				
3) Examination fees				
4) Equipment fees/charges				
5) Special fees				

(Full details of Special fees should be furnished) Total Rs. -----

NOTE: Tuition fees at rates applicable in Government Colleges/
Polytechnic for the class after allowing concessions
enjoyed by the student if any.

CERTIFICATE BY THE PRINCIPAL

Certified that the particulars of the claim furnished above have been
scrutinized by me and found to be correct.

Date:

Seal of the College/
Polytechnic

SIGNATURE OF THE PRINCIPAL

CERTIFICATE BY THE PRINCIPAL

Certified that the applicant is a bonafide student of this Institution and
that the claim preferred pertains to academic year _____ that he is
not receipt of any other concessions from any other sources to the best of
my knowledge.

SIGNATAURE OF THE PRINCIPAL

Seal of the College/
Polytechnic.

CERTIFICATE OF THE ZILLA SAINIK WELFARE OFFICER,

Certified that I am satisfied after perusing the Discharge Certificate
that Ex.No._____, Rank:_____, Name:_____
_____ (here give the name and rank of the
parent of the student) is an Ex-serviceman below the rank of I.C.O./E.C.O.
and that he belongs to Andhra Pradesh State. It is further certified that the
claim is for the Academic Year _____.

PLACE:

DATE:

ZILLA SAINIK WELFARE OFFICER,
ZILLA SAINIK WELFARE OFFICE.

(FOR USE IN THE OFFICE OF THE SECRETARY, SPECIAL FUND)

Certified that the claim for Educational Concessions has been checked with the particulars furnished in the application and the following amounts have been passed for payment:-

NAME OF THE STUDENT & CLASS STUDYING:

1.	TUITION FEES:		
	1 st term	:	Rs.
	2 nd term	:	Rs.
	3 rd term	:	Rs.
2.	SPECIAL FEES	:	Rs.
3.	EXAMINATION FEES	:	Rs.
4.	BOOK ALLOWANCE	:	Rs.
5.	EQUIPMENT ALLOWANCE	:	Rs.
6.	TOUR EXPENSES	:	Rs.

	TOTAL	:	Rs.

(RUPEES _____)

SECRETARY,
SPECIAL FUND, HYDERABAD.

INCOME CERTIFICATE

This is to certify that Sri/Smt.
is the Father/Mother of (in case
widow, mention husband name – wife of late
.) is the resident of
.
. His/her income from all sources is as follows for the
year

	<u>PAY</u>	<u>ALLOWANCES</u>
1. Employment	.. Rs.	Rs.
2. Agriculture	.. Rs.	Rs.
3. Pension	.. Rs.	Rs.
4. Any other sources	.. Rs.	Rs.

TOTAL INCOME PER ANNUM	.. Rs.	-----

Further certified that he/she, wife/husband is not employed.

PLACE:

SIGNATURE OF THE ISSUING

DATE:

AUTHORITY WITH SEAL.

FORM – III A

APPLICATION FORM FOR RENEWAL OF EDUCATIONAL CONCESSIONS TO
THE CHILDREN/DEPENDENTS OF EX-SERVICEMEN FOR THE ACADEMIC YEAR

* * * *

1. Name of the student with full address :
2. Date of birth in the case of dependent (Candidate) :
3. Father's Name, Regimental No. and Rank. :
4. (i) The year in which the Scholarship was first granted and for what course (the order Number and date of sanctioning the same should be indicated) :

(ii) the class in which he prosecuted his studies during the previous year. :

(iii) the class in which he is studying during the current academic year. :

And

- (iv) the percentage of marks secured in the previous Annual Examination with the following particulars:-

Subjects	Maximum Marks prescribed	Minimum required for pass	Marks secured	Result

- (v) Any change in financial position since the previous academic year with details thereof. :

5. Nature of concessions enjoyed By the student (i.e., Scholarship, Free Grants, Loan Scholarships bursaries, full/half fee concession, etc. :

PLACE:

DATE:

SIGNATURE OF THE STUDENT

Signature of the Ex-serviceman parent if alive or Signature of the Widow of Ex-serviceman.

CERTIFICATE BY THE PRINCIPAL

Certified that the applicant is a bonafide student of his institution and that the claim preferred pertains to the academic year _____ have been scrutinized by me and found to be correct and he is not in receipt of any other concessions from any other sources to the best of my knowledge.

Date:

Seal of the College/
Polytechnic.

SIGNATURE OF THE PRINCIPAL.

CERTIFICATE OF THE ZILLA SAINIK WELFARE OFFICER, _____

* * *

Certified that I am satisfied after perusing the discharge certificate that Ex.No. Rank: Name.
..... (here give the name and rank of the parent of the student) is an Ex-serviceman below the rank of I.C.O./E.C.O. and that he belongs to Andhra Pradesh State. It is further certified that the claim is for the academic year

PLACE:

ZILLA SAINIK WELFARE OFFICER,

DATE:

ZILLA SAINIK WELFARE OFFICE.

NOTE: The application should be submitted to the Zilla Sainik Welfare Officer, Zilla Sainik Welfare Office on or before 15th November of the Academic year for I installment, and on or before 15th March of the Academic Year for II installment together with the following certified copies of the Certificates:-

Copy of Discharge Certificate of Ex-serviceman.

Copy of SSC/HSC/SSLC/MATRIC Certificate of the student.

Income Certificate of the parents, from all sources issued by the Gazetted Officer or not below the rank of Tahsildar in the prescribed proforma.

Receipts in original/Certificate of payment issued by the Principal.

Marks list of the previous academic year.

Application should be filled up in all respects. Incomplete applications cannot be entertained.

(FOR USE IN THE OFFICE OF THE SECRETARY, SPECIAL FUND)

Certified that the claim for Educational Concessions has been checked with the particulars furnished in the application and the following amounts have been passed for payment:-

NAME OF THE STUDENT & CLASS STUDYING:

1.	TUITION FEES:		
	1 st term	:	Rs.
	2 nd term	:	Rs.
	3 rd term	:	Rs.
2.	SPECIAL FEES	:	Rs.
3.	EXAMINATION FEES	:	Rs.
4.	BOOK ALLOWANCE	:	Rs.
5.	EQUIPMENT ALLOWANCE	:	Rs.
6.	TOUR EXPENSES	:	Rs.

	TOTAL	:	Rs.

(RUPEES _____)

SECRETARY,
SPECIAL FUND, HYDERABAD.

INCOME CERTIFICATE

This is to certify that Sri/Smt. _____
is the Father/Mother of _____ (in
case widow, mention husband name) :- wife of late _____
_____ is the resident of _____
_____. His/her income from all
sources is as follows for the year _____.

	<u>PAY</u>	<u>ALLOWANCES</u>
1. Employment	.. Rs.	Rs.
2. Agriculture	.. Rs.	Rs.
3. Pension	.. Rs.	Rs.
4. Any other sources	.. Rs.	Rs.

TOTAL INCOME PER ANNUM.	.. Rs.	Rs.

Further certified that he/she, wife/husband is not employed.

PLACE:

SIGNATURE OF THE ISSUING

DATE:

AUTHORITY WITH SEAL.

APPLICATION FORM FOR OBTAINING STIPEND FROM SPECIAL FUND FOR RECONSTRUCTION AND REHABILITATION OF EX-SERVICEMEN, ANDHRA PRADESH, HYDERABAD.

(FOR USE OF THE CHILDREN AND DEPENDENTS OF EX-SERVICEMEN)
UNDERGOING TRAINING IN INDUSTRIAL TRAINING INSTITUTES.

(NOTE: To be submitted to the Director, Sainik Welfare, Hyderabad)

1. Name & Address of the ITI
in which the applicant is :
undergoing training.
2. (a) Name of the trainee :
(in block letters)
(b) Date of Birth :
(c) Caste Certificate issued :
to the Ex-serviceman his name :
by Mandal Revenue Officer.
3. Relationship of the applicant :
and address (if alive) with
(i) Regimental No. :
(ii) Rank :
(iii) Corps :
(iv) Date of enrolment :
(v) Date of discharge :
(vi) Cause of discharge :
(vii) Character assessed in the :
discharge certificate.
4. Name of the Guardian with full :
address if the Ex-serviceman
is not alive.
5. Trade in which the applicant :
is undergoing training.
6. Commencement of training :
:
7. Whether the trainee is receiving :
any other concessions/scholar-
ship/stipend from any other
sources and if so give details.
8. Income Certificate from MRO :
to be enclosed.

PLACE:

DATE:

Signature of Trainee.

SIGNATURE OF THE APPLICANT
(EX-SERVICEMAN/GUARDIAN).

CERTIFICATE OF THE PRINCIPAL

Certified that the particulars furnished in the application are correct.

Official Seal
and Date.

SIGNATURE OF THE PRINCIPAL.

CERTIFICATE OF THE ZILLA SAINIK WELFARE OFFICER

Certified that Sri (Name of the Trainee's father/Guardian)

..... Ex.No.....

Rank:.....Unit & Corps..... is below the rank of I.C.O./E.C.O. and that he belongs to Andhra Pradesh.

Official Seal
And Date

SIGNATURE OF THE ZILLA SAINIK
WELFARE OFFICER.

N.B. Certified copy of Military Discharge Certificate/Transfer Certificate of the Student/Caste Certificate and proof of dependency on Ex-serviceman/guardian must accompany the application without fail.

FORM IV

APPLICATION FORM FOR OBTAINING STIPENDS FROM THE SPECIAL
FUND FOR RECONSTRUCTION AND REHABILITATION OF EX-
SERVICEMEN.

(FORM – B) EX-SERVICEMEN ONLY)

1. Service :
2. Rank :
3. Name (in block letters) :
4. Unit address :
5. Date of enrolment :
6. Date of discharge with reasons :
7. Character assessed :

8. Certified true copy of the discharge certificate(to be enclosed) :

9. Home address in full :

10. Date of admission :

11. Name of training Institute :

12. Nature of training :

13. Duration of training period :

14. Caste Certificate from Mandal Revenue Officer should be enclosed. :
15. Income Certificate issued by MRO to be attached. :

PLACE:

DATE:

SIGNATURE OF APPLICANT

Counter signature of the
Head of the Institution.