



PENSION AND GROUP SCHEMES UNIT

PROFORMA A

POLICY NO. GI / JBY \_\_\_\_\_

## APPLICATION FOR SCHOLARSHIP UNDER SHIKSHA SAHAYOG YOJANA

### 1. TO BE FILLED IN BY THE MEMBER.

- A) NAME OF THE MEMBER UNDER JANASHREE BIMA YOJANA
- B) MEMBERSHIP NO.
- C) OCCUPATION
- D) ADDRESS
- E) NAME OF THE STUDENT
- F) WHETHER SON OR DAUGHTER
- G) NAME AND PLACE OF THE SCHOOL / INSTITUTION
- H) DATE OF BIRTH OF STUDENT
- I) STD. / CLASS ACADEMIC YEAR
- J) I HEREBY DECLARE THAT I AM FULLY MADE TO UNDERSTAND THAT THE SCHOLARSHIP BENEFIT UNDER SHIKSHA SAHAYOG YOJANA IS RESTRICTED TO MAXIMUM OF TWO CHILDREN OF A FAMILY AND IS PAYABLE TO STUDENTS STUDYING IN IXTH TO XIITH (INCLUDING ITI COURSES)  
I HEREBY DECLARE THAT MY CHILD HAS NOT FAILED IN LAST ACADEMIC YEAR

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(SIGNATURE OF THE MEMBER)

**2. TO BE FILLED IN BY THE SCHOOL / INSTITUTION**

CERTIFIED THAT THE ABOVE PARTICULARS OF THE CHILD ARE TRUE AND CORRECT  
AS  
PER SCHOOL / INSTITUTION'S RECORDS

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**(COUNTER SIGNED BY THE  
AUTHORISED SIGNATORY OF THE  
SCHOOL / INSTITUTION UNDER SEAL)**

**3. TO BE FILLED BY THE NODAL AGENCY**

1 NAME OF THE NODAL AGENCY

2 ADDRESS

3 DATE OF COMMENCEMENT OF THE SCHEME / DATE OF RENEWAL OF THE  
SCHEME

WE HEREBY UNDERTAKE TO PASS ON THE BENEFIT OF SCHOLARSHIP AVAILABLE  
UNDER THE SHIKSHA  
SAHAYOG YOJANA TO THE ABOVE NAMED BENEFICIARY AND SUBMIT CERTIFICATE OF  
UTILISATION IN  
PROFORMA **A- III**

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**(SEAL OF THE NODAL  
AGENCY)**

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**SIGNATURE OF THE AUTHORISED  
OFFICIAL OF THE NODAL  
AGENCY**