

**APPLICATION FORM**

TECHNICAL SCHOLARSHIP FROM SBF for the year \_\_\_\_\_

(For **Non – gazetted** employees in **Grade Pay above Rs.2400/-**only)

Sl.No	Details	
1	Name of the Employee	
2	Emp.no. Shop/Token no.	
3	Designation	
4	Basic Pay	
5	Grade pay/Level	
6	No. of Children	
7	Name of the Son/Daughter/ Dependent Brother/Dependent Sister in respect of whom scholarship is applied for	
8	Male/ Female	
9	Whether belongs to SC/ST/OBC/ PH	
10	Name of the Technical/Professional Course	
11	Date of Joining the Course	
12	Duration of the Course	
13	Current Academic Year	
14	Is the Institution recognized by State Government or Affiliated to University	Yes/No
15	Name of the Institution and University	
16	Is the student receiving any Stipend or Monetary assistance from any other source for the course of study undertaken or Free ship	Yes /No (If Yes, Give Details)
17	Is any other child availing scholarship from SBF?	Yes/No(If Yes, Give Details)
18	Whether the student failed in previous semesters	Yes/ No (If Yes, Give Details)
19	Contact No. of employee	

**Enclosures to be attached are as follows (as applicable):**

1. Attested Copy of the Matriculation Certificate. (For Courses after Matriculation e.g. Diploma).
2. Attested Copy of the 12 th Standard Certificate. (For Courses after 12 th Std).
3. Attested Copy of the Degree Certificate (For Courses after Degree).
4. Attested Copy of latest Semester Exam Mark-sheet.(For all Courses)
5. Form-A (Bonafide Certificate) from the Head of the Institution where the student is studying.

Self Declaration

I hereby declare that my son/daughter/dependent brother/dependent sister for whom this application is being submitted is not in receipt of any stipend or assistance from any other source for the course of study for which scholarship is now applied for and that the particulars given above are correct. I also give an undertaking that in case any stipend or assistance is granted to him/her, it will be immediately brought to the notice of the Secretary/SBF Committee. I also declare that if my son/daughter/dependent brother/sister fails to pass any examination held at the Institution where he/she is studying, I will immediately inform the same to the Secretary/SBF Committee.

Signature of the Employee

Date:

Forwarded to Secretary /SBF Committee:

Date:

Signature of Immediate superior:

**FORM -A**

**CERTIFICATE FROM THE PRINCIPAL OR HEAD OF THE INSTITUTION IN,  
WHICH THE STUDENT IS STUDYING.**

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Certified that Mr/Ms \_\_\_\_\_ son/daughter/dependent  
brother/dependent sister of Mr/Ms \_\_\_\_\_ employed in the  
Integral Coach Factory, Chennai-38 with Employment Number \_\_\_\_\_, is  
a student of this Institution and is at present studying in the  
\_\_\_\_\_(1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup> /5<sup>th</sup> /6<sup>th</sup>) year of \_\_\_\_\_ (name of the Course)  
Course. The duration of the course is \_\_\_\_\_ years. The academic session  
is from \_\_\_\_/\_\_\_\_/20\_\_\_\_ to \_\_\_\_/\_\_\_\_/20\_\_\_\_. The examinations are  
conducted by the \_\_\_\_\_. He/She is not enjoying free-ship and  
He/She is not in receipt of any stipend or assistance from any other source for  
this course.

He/She has passed in the \_\_\_\_\_ (last) Semester Exam held during  
the academic year \_\_\_\_\_ and has not been detained in the same class  
due to failure in previous semesters.

**Seal of the  
Institution:**

**Signature of the  
Head of the Institution**