

INTEGRAL COACH FACTORY, CHENNAI – 600 038

APPLICATION FORM FOR WARDS OF ICF EMPLOYEES FOR APPLYING FOR SCHOLARSHIP FOR TECHNICAL EDUCATION FROM SBF.

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1. Name of the employee :
2. Emp.No, Shop/Tk.no./Unit :
3. Designation :
4. Phone no. :
5. Whether belong to SC/ST/OBC/ PH:
6. Present Pay in Pay Band and Grade pay :
7. a) No. of children :
b) Name of son/daughter/dependent brother/dependent sister :
in respect of whom scholarship is :
applied for :
- c) Whether father is alive or not (in brother only) :
8. Name of the course of technical education undertaken by the student: :
9. Date of joining the course and Duration of the course :
the student is studying and the state :
where situated :
11. Is the Institution recognized by the State Government of affiliated to the University, if so, give name of the State by which recognized or affiliated: :
12. Certificate as below to be attached:
- a)Attested copy of the Matriculation:/High School Higher Secondary certificate and mark sheets of the student :
- b)Attested copy of the Inter-Mediate certificate and Mark sheet of the student :
- c) Attested copy of B.A or B.Sc, degree: and mark sheet of the student: :

**d) A certificate in form 'A' attached :
from the Head of the Institution :
where the student is studying :**

**13. Is the student receiving any :
stipend or monetary assistance from :
any other source for the course of :
study undertaken by him or is he :
enjoying freeship, if so give details :**

**14. Is any other child availing :
scholarship from SBF? If so give the :
details :**

15. Declaration by the employee:

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 the that the particulars as given above are correct. I also give an undertaking that in case any stipend or assistance is granted to him/her subsequent to the grant of scholarship now applied for this will be immediately brought to the notice of the Secretary/Staff benefit Fund. I also declare that my son/daughter/ dependent brother/dependent sister failed to pass any examination held at the institution where he/she is studying, I will immediately supply this information to the Secretary/SBF.

Date:

Signature of the Employee

Forwarded to Secretary/SBF committee (APO/Welfare)

Date:

Signature of the Immediate superior:

Form-A

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

Certified that _____ son/daughter/dependent
brother/dependent sister of Shri _____ employed in the
Integral Coach Factory with Emp.no _____ is a student of this
Institution and is at present studying in the _____ year of _____ course.
The duration of the course is ____ years. The academic session is from Aug-
_____ and the examinations are conducted by the
DOTE_____. He/She is not enjoying free ship and is not receipt of any
stipend or assistance from any other source for this course.

The particulars of the fees to be paid by the student are as under:

1. Date of joining the Institution :
2. Date from which fee paid :
3. Yearly amount of tuition fees :
4. Yearly laboratory fee if any :
5. Yearly fee for field training
and crafts :
6. Yearly examination fee if any :
7. Yearly cost of books :
8. Yearly cost of equipments is any :
9. Yearly compulsory expenditure
on technical membership :
10. Any other items of compulsory
expenditure payable to the institution
giving the details of the expenditure
and the yearly amount involved
excluded the charges for hostel and
messing :
11. Is any uniform compulsory for the
student, if so the yearly cost thereof:

It is also certified that the minimum educational qualification for
admission to the course which the student is pursuing at this institution
is _____

Seal of the
Institution:

Signature of the
Head of the Institution