## APPLICATION FORM FOR EDUCATIONAL SCHOLARSHIP SCHEME FOR ARMY PERSONNEL (ESSA)

## · Appendix B

Name	of School / Co	llege / Instituti	on Glovern	ment	C	ollege for
Glix		dhiana				<u> </u>
			/Miss Manbro			Son/daughter of
			this School or			g the academic year
2. 3.	8 - 19 1  Acy 20  He/She is still  His/Her date of	which started o	n <u>July 201</u> Iniversity/I <del>nstitut</del> e. The institution on <u>iv</u> Accord is <u>20-10</u>	8 and en	3rd	Sem.
4.	Academic Year	Class Passed	Marks/Grade/ SGPA obtained	Total Ma	rks	Percentage of marks, if applicable
	2018-19	B·A	1st sem 2nd sem			63.56%
		y.				
5.			the student pas			nentioned in para 4 above

Ludhiana Place:

11-10-19 Date:

Govt. College For Girls Signature DHIANA.

(Headmaster or Principal)

(Rubber Stamp)

BAI/2020

## Annexure-1 (Revised 2019-20)

(In lieu of Discharge Book)
(USE BLUE INK PEN ONLY)

		(002 02	· - · ·				
1.	Type of Service (Army / Navy / Air Force / Coast	ARMY (CORPS OF SIGNALS)	2.	Service N		Ex-1424	
3.	Guard)		4.	Name of	ESM	JASWIND	DER SINGH
Э.	Rank	EX-MAIK	T.				
5.	Date of Enrolment	63 105 11982 (dd/mm/yyyy)	6.	Retireme		<u>Ol</u>   <u>/o</u>   (dd/mm/yyyy	)
7.	PPO Number	S/066434/98	٥.	of Service			30 Months
9.	Reason for Discharge / Retirement	ARMY RULE I	13 ( Cer	nbassi	onate gr	ounds.	
10.	ESM / Widow Identity Card Number & Date	6264689 at 05.09.2017	11	by whon	n (Write Nam	y Card issued ne of ZSB)	LUDATATOA
12.	Particulars of ALL Depen	dent Children inclu	ıding	the stude	nt applying P	M Scholarship	(PMSS) :-
Ser	Name	Born Durir	ng	Gender	Married /	Date of	PMSS Earlier Availed / Not
No		Service or A			Unmarried	Birth	Availed
		Retiremer					
(a)	MISS MEENLI NANS	HAN During Serling	ce	Fernale	unmarrie	ed 10.10.199	2 NO Availed
(b)	miss simpan naw	DAN SETTREM	EN	female	-do-	22.10 20	00 NoAvail
(c)	JAGMEET NA	NDAN - do-	-	Malee	-do-	11.10.200	2 NO Avail
Not	te: - Scan and upload an	affidavit / self certif	icate	if, the war	d is born aft	er retirement	:/_release of
	serviceman.			8			· · · · · · · · · · · · · · · · · · ·
13.	Date of Death of ESM (if applicable)	// (dd/mm/yyyy)	14	Cause (if appli	of Death cable)	, , , , , , , , , , , , , , , , , , ,	
15.		bility were attributa	ble t	o Military	Coast	Yes / No. (	Tick out)
Guard Service ?							
16.	Category of ESM			ategory 1	to 6 as per p	riority given b	elow after
	assessing the documents		n) :-				
	Priority for Grant of Scholarship.						
	Order of preference for selection of candidates will be as under:-						
	Category 1 Wards / Widows of ESM / Ex Coast Guard personnel killed in action.						
	Category 2 Wards / Widows of ESM / Ex Coast Guard personnel disabled in action and boarded out of						
	service with disability attributable to Military / Coast Guard service.  Category 3 Wards / Widows of ESM / Ex Coast Guard personnel who died while in service for causes						
	attribu	table to Military / C	Coas	t Guard Se	rvice.		
	Category 4 Wards	/ Widows of ESM	/ Ex	Coast Gua	rd personnel	disabled in se	ervice with disability
	attribu	ıtable to Military / 0	Coas	t Guard Se	rvice.		
	Category 5 Wards	/ Widows of ESM / / Widows of ESM /	EX C	oast Guard	personnel in	receipt of Galla	intry Awards.
Ine	Category 6 Wards tructions for ZSB/DGCG	/ VVIUUWS UI ESIVI /	EX U	oasi Guard	personnei (P	BUK UNIY).	
	Check particulars/dependab	ility of student in dis	char	ae book of	ESM proof fo	r category 10 <sup>th</sup>	class certificate/ mark
she	et for DOB, MEQ certificate,	Aadhaar Card, bar	nk ac	count pass	book (SBI/PI	VB) Annexure	2 & 3 and affidavit/self
cer	tificate if born after retiremen	t before signing of th	nis ce	ertificate to	avoid subseq	uent visits of ES	SM/student.
2.	For signature will not be	accepted.	100				•
3.	It is certified that the above sonal, found correct and ESI	Intormation is chec	cked	from the D	ischarge Bool	k of Ex-Service	men / Ex-Coast Guard
POI		vi riame nas been le	yiste	aleu with th	is ZOB/DGCG	·	
Da	te: Rou	nd Stamp of					
		Office			(Signature o	of Secy ZSB/ D	GCG)
Pla	ice:				(Oignature C	, 000y 200/ L	
				(Rubbe	er Stamp of S	Signing Officer	to be Affixed)
_						•	

## NAFIDE CERTIFICATE FOR PM'S SCHOLARSHIP FROM COLLEGE / INSTITUTE

BONAFIDE CEF	RTIFICATE FOR PM'S SCHOL EN ONLY – DO NOT OVERWRIT	LONGO	
1 Name of Student		Ms/Mr.	SIM RAIV NANDAW
2 Name of College		GOVT	GIRLS COLLEDGE, LUDHIANA(DB)
3 Name of Course (Fu	ıll Form)	BA (BI	ACHELOR OF ARTS)
	eam of Course ( if any)	I AR	
5 Type of Course (Re	gular/Lateral/Correspondence)	REGI	ULAR
6 Roll Number / Regis	tration Number	X U o	
	o College at the time of		1202.00
8 Studying in the 1 <sup>st</sup> /	2 <sup>nd</sup> / 3 <sup>rd</sup> / 4 <sup>th</sup> year	-	year
9 Studying in India / A	broad	120	3 Years
(a) Total Course Dur (b) Academic Year of (b) Date of Admission (c) Date of Course C	of admission taken	(b) Açadı (c) 10 (d) 01	demic Year <u> 2619ー20</u> <u>    0]   1 1 9 (</u> dd/mm/yyyy)   <u>  0                                 </u>
(a) Regulatory Body (b) College / Institut (Full Name of the	of Course e is affiliated to e University) e / Institute is Autonomous?	(b) <u>Pa</u> (c) <del>Yes</del>	C/AICTE/MCI(etc)
12 Whether Student is a stipend / financia Institute / State Gov agencies.  Note:- NOT TO MENT	getting any other scholarship I assistance from College / It or from any other sources / ION THE SCHOLARSHIP I (GIRLS) & 30,000/- (BOYS)	(b) If Y Rs (* Pleas	res, mention total getting amount of per month /year / semester* se strike out which is not applicable, if I not strike out the option, it will be ed as monthly)  Principal
Director only will be considered	lor/Principal/ Vice Principal/ Dean/ .ed. `For' signature will not be a	Rubber S Associate l accepted.	College For Girls UDHIAN (Signature) Stamp of signing official must be affixed) Dean/ Registrar/Deputy Registrar//Director/Deputy
www.ksb.gov.in. I also certify that given false information, or not a will be solely responsible for tha 3. I am also liable to refund not claim as a matter of right on 4. I have scanned 10 <sup>th</sup> class bank, examination passing certiful 5. I certify that I have submirejected. I will be held responsible. As per existing policy on Pattempt to get the benefit of Peven if they have cleared their error only will be considered on Bona 8. Please carry 10 <sup>th</sup> class certify that I have submirejected. I will be held responsible.	Oo not overwrite or use correction ont), have read and understood that information provided by me is corrected by the information provided by me is corrected. I have also aware that it will invite on the earlier scholarship amount alrested edected subsequently for wrong as certificate, MEQ Certificate, semesticate, bank pass book, & aadhaar catited only one application. If duplicatione for the same.  In the many one in the interval of the same of the same.  The many of the same in the many of the same in subsequent years. Those the same in subsequent attempt.	e check lise the chec	st, FAQ and instructions available on website to best of my knowledge. I have not forged or und, my application is liable to be rejected and I seedings. The error and will mark sheets, bonafide certificate, certificate from sinal and uploaded. The student must clear his/ her all subjects in first re-appeared will not be entitled for scholarship seedin/Registrar/Dy Registrar//Director/Dy Director ected.  Pass Book, proof of category & Annexure 2 & 3 ure-1 from ZSB. The Zila Sainik Board and Website.
(Signature of ESM/Widow) Name of ESM/Widow			(Signature of Student)  Name of Student  Date

Date

APPLICATION FOR GRANT OF SCHOLARSHIP OUT OF "PUNJAB POLICE - HDFC BANK LTD,
SCHOLARSHIP WELFARE SCHEME" FOR THE CHILDREN OF SERVING EMPLOYEES OF
POLICE DEPARTMENT INCLUDING CLASS-IV STAFF PART-I

(Only for regular students & studying in School/Colleges/Universities/professional courses approved
by UGC/Govt etc.)

	Jul. 27		olleges/Universities/professional Govt. etc.)	- Contract approves
1.	Nam	e of the Student	Lovepuce	t
2.	Fath	er's name	Wazin L	al
3.	Moth	er's name	Usha Ri	ani
4.	Date	of Birth of student	22 - 04 - 2	
5. I)	Nam Whe	e of the educational Institutior re class/course was passed	Govt colleg	c fore Girls, LDH
li)	(Beli Dura	e of the course ng studied on regular basis and tion of the course)		
iii)	Dura	tion of course from the (mont)	h/year)' <u>2019</u> to the (mont of internship if any.	h/year)
vi)	Nam	e of the semester/class in whi	ch completed study 8.A (	V Sem
6.	Boar (Att	d/university from which exami ach an attested copy of the ma	nation was passed Punjo	ib University
7.	Eligi	billty for the Scholarship:		<b>-</b>
	S. No.	Category of employees	Claim form which scholarship to be granted	Percentage/CGPA
	i.	Wards of the C-IV employees	9th class to Post graduation and Medical Courses (MBBS, B- PHARMACY, BAMS, MD, BPT,	60% or 6.5 SGPA/CGPA
		3.	PHINS, BUNS, BOS/ MDS)	
	il.	Wards of the ORs/NGOs/ GOs (Ministerial staff equated with	9" and 10" class	95% or 10 SGPA/CGPA

	S. No.	Category of employees	to be granted	Percentage/CGPA
	i.	Wards of the C-IV employees	Medical Courses (MBBS, B- PHARMACY, BAMS, MD, BPT, BHMS,BUMS,BDS/ MDS)	60% or 6.5 SGPA/CGPA
	il.	Wards of the ORs/NGOs/ GOs (Ministerial staff equated with them)	9" and 10" class	95% or 10 SGPA/CGPA
			10+1, 10+2,	90% or 9.5 SGPA/CGPA
The state of the s			Graduation	90% or 9.5 SGPA/CGPA
-			Post graduation	85% or 9.0 SGPA/CGPA
	-	Wards of the ORs/NGOs/ GOs (Ministerial staff equated with them)	Medical courses (MBBS, B-PHARMACY, BAMS, MD, BPT, BHMS, EUMS, BDS/MDS)	65% or 7 SGPA/CGPA

Total marks	:	435
	•	391
Marks obtained	į	89.88%
SGPA/CGPA or percentage	:	

Whether the applicant is getting any other 8. Scholarship from any other source if so, Indicate the name of the source/scheme.

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