## Guru Harkrishan Educational Society Office: Kothi No.57 Sector-21-A Chandigarh

Ref.No.7(I)/1685

Dated 10-5-2014

To

The Principal, Guru Nanak Engg.College, Ludhiana.

Subject: -

Recommendation for the Scholarship.

Dear Sir,

basis:

We have allocated the following scholarships to your college on a regular

- 1. S.Sarup Singh Gill Memorial Scholarship @ Rs.300/- per month for a needy Engg. Student.
- 2. Mata Nand Kaur Memorial Scholarship @ Rs.300/- per month for a needy Engg.
- 3. S.Anokh Singh Memorial Scholarship for a needy/brilliant Engg. Student of your college @ Rs.600/- per month. (250/- Memorial + 350/- from General Pool)

Your recommendations for the academic year 2014-15 are now due. This is to remind you for expediting your recommendations as soon as the admission is completed. The attached application form duly completed by the candidate and accompanied with the required documents, please be sent to us by 30.09.2014 duly recommended. Photocopies of the Application Form may be used.

It is further decided that since with the passage of time, the amount of scholarship appears to be less, you can recommend both the above memorial scholarships at Sr.No.1 and 2 for a single student and the 3<sup>rd</sup> scholarship to another separate candidate. This will raise the amount per scholarship to Rs.600/- per month. -

Kindly acknowledge receipt of this letter.

Thanking You,

Yours faithfully.

Hony.Secretary

2615/14

(Signature with office seal of Employer/Drawing

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Phone 0172-2780651

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X

Phone: 0172-2780651

## Guru Harkrishan Educational Society, Chandigarh (Regd.) Office: Kothi No. 57, Sector 21-A, Chandigarh 160 022

## **APPLICATION FORM FOR SCHOLARSHIP**

| 1.  | i) Name of the student  |
|-----|---|
|     | ii) Present Roll No.  |
|     | iii) Name of the Institution and address  |
| 2.  | i) Name of Course   |
|     | ii) Date and Year of admission  |
|     | iii) Present year/semester of study   |
| 3.  | Total duration of course From / To  |
| 4.  | Date of Birth   |
| 5.  | Nationality   |
| 6.  | Permanent Address   |
| 7.  | Address for Correspondence  |
| 8.  | (A) i) Name and Profession of Father  |
|     | ii) Monthly income from all sources   |
|     | iii) Whether Income tax payee or not  |
|     | (B) i) Profession (if any) of Mother  |
|     | ii) Monthly income from all sources   |
|     | iii) Whether Income tax payee or not  |
|     | (C) Total of A (ii) + B (ii)  |
| ,   | Note: a) (Income tax payee shall attach a photocopy of the acknowledgement of the last income tax return filed)  b) The proof of income be furnished in the form of Affidavit and a Certificate as  |
|     | applicable as per specimen drafts given overleaf.   |
| 9.  | i) Examination passed in the last academic year   |
|     | ii) Marks obtained and total marks  |
| 10. | Extra curricular activities   |
| 11. | Whether the student is in receipt of any other scholarship  |
|     | If so, source of scholarship with amount per annum.   |
| 12. | Are you already, getting scholarship from the society?  |
|     | If so, mention the year and amount  |
| 13. | Exceptional basis / Compassionate grounds, if any   |
|     |   |
|     | (Signature of applicant)  |
|     | TO BE FILLED BY HEAD OF INSTITUTION   |
|     | i) Amount of only Tuition Fee payable per semester / year. ii) Month from which tuition fee is payable. iii) Designation of officer in whose favour Cheque / D.D. for the scholarship amount be sent for disbursement. Recommendation of the Head of Institution. Exceptional basis / compassionate grounds if any. |
|     | (Signature of Head of the Institution with official stamp)  |

SPECIMEN OF AFFIDAVIT

|             | (On Non-Judicial Stamp paper of Rs. 5/- attested by an Executive Magistrati   |  |
|-------------|---|--|
|             | I Son of / Wife of  |  |
| resid       | dent of   |  |
|             | by solemly declare  |  |
| (i)         | that I am the father /mother of   |  |
|             | (name of the student)   |  |
|             | Who is studying in  | ***************************************  |
|             | (class & name of the Institution)   |  |
| (ii)        | and is wholly dependent on me.  |  |
| (iii)       | my present profession is  |  |
| (111)       | that my total family income from all sources such as salary / pension, agricul interest, business, profession etc. including the total income of my spouse in th from   | e preceeding year i.e.   |
| (iv)        | that I am paying / not paying Income-Tax and I am filling / not filling Income-T  | D-1  |
|             | Place:  |  |
|             | Date:   | DEPONENT   |
|             |   |  |
| verii       | fication  I hereby solemnly declare and affirm that the above information is true and conknowledge and belief and that nothing has been concealed therein.  | rrect to the best of my  |
|             | Place:  | DEPONENT   |
|             | Date:   |  |
| Strik       | e out whichever is not applicable   |  |
|             | *SALARY / PENSION CERTIFICATE   |  |
| (To b       | e got filled by employed persons & pensioners from their Employer / Pension Disbursing Authority  | in addition to the affidavity  |
|             |   |  |
| *           | Certified that Sh. / Smt.   |  |
| office      | w/o Sh.   | is employed in our   |
|             | / Department / Institution as (Designation)   |  |
| and I       | s drawing pay and allowances per month as under:-   |  |
| 1.          | Basic Pay   |  |
| 2.          | Dearness Allowance  |  |
| 3.          | House Rent Allowance  |  |
| 4.          | Other Allowances. (To be specified separately)  |  |
| 5.          | Total   |  |
|             | Or  |  |
|             | Certified that Sh. / Smt  |  |
| *<br>S/0/1  | Certified that Sh. / Smt.   |  |
| 3/0/1       | W/o Sh  |  |
| is ara      | wing "Total Pension" (including dearness relief) @ Rs   | P.M.   |
|             |   |  |
|             |   |  |
|             | (Signature with office seal of  | Employer/Drawing &   |
| *           | Disbursing Officer / Pension  | Disbursing Authority)  |
| Strike      | out whichever is not applicable   |  |
|             | ELIGIBILITY CONDITIONS FOR THE GRANT OF SCHOOL  | ARSHIP   |
| i)          | Course of study should be Professional or Vocational such as Managerial / Medical / Po  | and the state of t |
| ii)<br>iii) | cial / Technical / Educational etc. Whether at Certificate, Diploma, Degree of Post Grac The total income of the family of the student should not exceed Rs. 10000/- p.m. (ex Medical Allowance in the case of employees / pensioners) The applicant should not be in receipt of scholarship from any other source. | luate Level  |
| iv)         | The student should have passed the previous qualifying examination in 1st Class / Division  |  |
| Imp         | ortant: Please ensure that all the columns of the application form are answered fundocuments are attached to facilitate the award of scholarship. Incomplet to be filed.  | lly and that the required  |