

 LIC भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA		ANNEXURE IX
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PENSION AND GROUP SCHEMES UNIT

POLICY NO. GI / AABY _____

APPLICATION FOR SCHOLARSHIP

1. TO BE FILLED IN BY THE MEMBER.

- A) NAME OF THE MEMBER UNDER
AAM ADMI BIMA YOJANA
- B) MEMBERSHIP NO.
- C) ADDRESS
- D) NAME OF THE STUDENT
- E) WHETHER SON OR DAUGHTER
- F) NAME AND PLACE OF THE SCHOOL / INSTITUTION
- G) DATE OF BIRTH OF STUDENT
- H)

STD. /	ACADEMIC
CLASS	YEAR
- I)

I HEREBY DECLARE THAT I AM FULLY MADE TO UNDERSTAND THAT THE SCHOLARSHIP BENEFIT UNDER AAM ADMI BIMA 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

(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

**(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

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

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

**(SEAL OF THE NODAL
AGENCY)**

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