



SCHOLARSHIPS

ECCS 124 A

**SOUTH CENTRAL RAILWAY EMPLOYEES' CO-OP. CREDIT SOCIETY LTD.**

SECUNDERABAD - 500 025.

APPLICATION FORM FOR SCHOLARSHIPS FROM "SHAREHOLDERS AND STAFF WELFARE FUND" FOR TECHNICAL AND NON-TECHNICAL / DEGREE AND DIPLOMA COURSES i.e., B.Sc., B.Com., B.A., INTERMEDIATE, PG. COURSES AND S.S.C. MERIT.

To  
The Secretary / SCR ECCS Ltd. / So.

(Fresh / Renewal)  
(Strike off whichever is not applicable)

1. Name of the Employee (in Block Letters) : E.A. RAJU.  
 2. Designation : Ch. OS  
 3. Office : P.C.M.M./S.C.  
 4. Station : Secunderabad  
 5. Rate of Pay and grade Rs. : Level - 7 (Rs. 66,000/-) G.P. 4600/-  
 6. CMTD Account No. : 632286 Phone  
 7. P.F. Account No. : 24101747995  
 8. Residential Address : 12-10-406/22 Namabagundi,  
Secunderabad - 500081

9. Total number of collage going children dependents and their details (For Fresh Cases only)

Relationship	No.	Age	Studying in Class
Son/s	01	18	B.E 2nd year
Daughter/s	01	20	B.E 4th year
Dependent/s	-		

10. Name of the student in whose favour the Scholarship is sought for : E-HAURAV SANJAY (160723735075)  
 11. Relationship of the Student with the applicant : Son  
 12. Name of the College in which the student is admitted : Methodist College of Engineering & Technology  
 13. Date of admission into present College : 2023  
 14. University to which the College is affiliated. : Osmania University  
 15. Course of study undertaken : B.E (ECE)  
 16. Present year of the course : B.E 2nd year (2024-2025)  
 17. Duration of present undertaking course : 04 years  
 18. (i) Name of the last qualifying examination Passed (Month and year to be furnished) : B.E. 1st year (2023-2024)  
 (ii) Whether detained in any Class / Degree in any year. : \_\_\_\_\_  
 (iii) Marks obtained (Enclosed attested xerox copy): Total Marks 6.24 Percentage ~~6.24~~ 6.24

- NOTE: 1. LTI / Vernacular Signature must be attested.  
 2. Scholarship will be given to one child only.  
 3. Certification should be done by present studying college.  
 4. Failed Candidates are not eligible.

5. Enclose current month attested pay slip.  
 6. Enclose Xerox copy of Bank Pass Book of Share Holder.  
 7. Enclose Xerox copy of Marks Memo attested by Gazetted Officer or Presently Studying College Principal.  
 8. Enclose Xerox copy of SCR ECCS Pass Book.  
 9. SSC Marks Memo Xerox is mandatory for all courses.

*Document Verified*

**APPLICATION FOR CHILDREN EDUCATION ALLOWANCE /  
HOSTEL SUBSIDY  
FOR THE ACADAMIC YEAR 2023-2024**

Ref: Railway Board's letter No.E(W) 2017/ED-2/3 dated 13.08.18  
(RBE.114/2018)

*H.M.*  
160722734324


1	Name of the Employee	I. MOHAN			
2	Employee / PF.No & Designation	242 IEO 50092, GOODS TRAINMANAGER			
3	Date of Appointment (DDMMYYYY)	30/11/2004			
4	Bill Unit & Station	090 500 5, BIDAR STATION			
5	Particulars of Children	Child - 1		Child - 2	
	Name of the Student	I. SRIKANTH			
	Date of Birth	02/08/2002			
	Class in which Studied in the Previous Academic year	BACHLEAR OF ENGINEERING (BE)			
	Name of the School and Address	METHODIST COLLE OF ENGINEERING & TECHNOLOGY, ABIDS, HYD 500 001, TS			
	Nature of Claim (Tick whichever is applicable)	Education Allowance	<input type="checkbox"/>	Education Allowance	<input type="checkbox"/>
Hostel Subsidy		<input type="checkbox"/>	Hostel Subsidy	<input type="checkbox"/>	
Disabled Child		<input type="checkbox"/>	Disabled Child	<input type="checkbox"/>	
6	Divyaang Child	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
7	Whether Residential School or College	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8	Whether Spouse is a Govt.Employee	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
8(a)	If Yes, whether CEA or Hostel Subsidy or both is being claimed in his/her account	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9	Distance between Residence and Hostel (Pre condition -50km PBC 56/2019 )				
9(a)	<b>Children Education Allowance</b> Whether Bonafide certificate from School (Recognized Central or State Govt. or Union Territory Administration or by University of a recognized educational authority having jurisdiction over the area where the institution is situated) is enclosed (Yes/NO)				
(b)	<b>Hostel Subsidy</b> Hostel Subsidy is applicable only in respect of the child studying in a residential educational institution located atleast 50 km from the residence of the Government servant				

(Tick whichever is applicable)

I declare that the particulars given above are true. I further declare that

1. My spouse is an/is not an employee Central Government/ State Government/Autonomous body/PSU/Semi Government or any other organization partly or fully funded by the Central Govt/State Govt/Railway Employee and that he/she has not claimed reimbursement of Children Education Allowance/Hostel Subsidy in respect of the Child/Children mentioned above. (Strike out whichever is not applicable)
2. My Child/Children in respect of whom reimbursement is claimed is/are studying in School which is recognized by Central or State Govt or Union Territory Administration or by university or a recognised educational authority.
3. The reimbursement of CEA/Hostel Subsidy is claimed for my eldest two surviving children only.
4. The Child/Children has/have not studied in the same class in another school in the previous academic year.
5. The Child/Children has/have not shifted to another school in the mid-session.
6. The distance between the residence and the residential hostel in which my ward(s) is/are studying is at least 50km.

If any of the above declaration is found to be false at a later date, I am aware that I am liable for disciplinary action under the relevant rules.

Signature of the employee : 

Name : L. MOHAN

Designation & Station : GODDS TRAIN, MANAGER, BIDAR

PF No & Staff No : 2421E050092


### CERTIFICATE BY THE SUPERVISOR

The application is forwarded for necessary action duly certifying that the names of Child/Children furnished by the employee have been verified with the records maintained in the shop/office/station and they are eldest two surviving children as declared by the Employee.

Date:

Signature of the Supervisory Official with seal



  
द.म. रेलवे बिदर  
Dy. Station Superintendent  
S. C. Railway Bidar