

V.O.CHIDAMBARANAR PORT TRUST
GENERAL ADMINISTRATION DEPARTMENT
GENERAL SECTION

No. S-9/1/2018/Gen/D. 571.

Dated: 17.08.2018

CIRCULAR

Sub: Grant of Educational Advance to the Officers / Employees of Port - Applications called for - reg.

Ref: Circular No.S-7/1/20152-IR/D.1168 dated 30.03.2016.

Please refer to this officer circular cited on the above mentioned subject wherein it is indicated that Port has decided to grant of Rs.1,00,000/- (Rupees one lakh only) as Educational Advance to the Officers/ Employees of the Port for their Children's higher education at the rate of interest of 10% per annum by enclosing Proformas to be submitted by the Officers/Employees alongwith application of the scheme.

2. All Heads of Department are, therefore, requested to forward the application forms received from eligible Officers/ Employees who are willing to apply for educational advance after satisfying all the terms and conditions of this scheme duly enclosing the required documents, to this Department for further action on or before 15 .09.2018.

Encl: Proforma


SECRETARY

To

All Heads of Department/VOCPT.

Copy to:-

1. PA to Chairman
2. PA to Dy.Chairman
3. PA to Secretary

} Through intramail

V.O.CHIDAMBARANAR PORT TRUST

**APPLICATION FORM TO BE FILLED BY THE OFFICER / EMPLOYEE OF THE PORT
FOR REQUESTING AN EDUCATIONAL ADVANCE FOR PURSUING HIGHER
EDUCATION OF THEIR SON / DAUGHTER**

1.	Name, Designation of the Employee & Employee No.	
2.	Name of the Department in which presently working	
3.	Whether belongs to SC / ST / OBC	
4.	i) Date of joining in this Port ii) Whether permanent / Temporary	
5.	Date of Superannuation	
6.	Basic pay	
7.	Present carry home salary in the month of	
8.	Academic Year of son / daughter presently studying	
9.	Name of his / her son / daughter alongwith date of birth of son / daughter to whom the Educational Advance is applied for. (i) Whether his / her name has been included in the Medical Identity Card of employee (copy to be enclosed)	
10.	Name of the academic course in which son / daughter is now studying & the date from which the course commence	
11.	Total duration of the course	
12.	Year of the course presently the son / daughter is studying	
13.	Name of the Educational Institution with full address, in which son / daughter is studying & name of the University to which the Institutions is affiliated/ recognized.	
14.	Amount of fees, Special fees & hostel fees, if any, paid with details for each semester for this course. It should be supported by the letter of concerned Institution alongwith letter of allotment. If the same is not produced, the request will be rejected.	

15.	Whether educational / marriage advance was sanctioned previously? If so, the same is pending or fully paid	
16.	% of marks obtained in the previous course (attested copy of the mark list should be enclosed)	
17.	Amount of advance required	
18.	Number of instalments in which the advance with interest is desired to be repaid (It should be completed within period of service i.e., before superannuation)	
19.	Marks obtained by son / daughter in (a) XII std for Professional/Degree (b) Professional Degree for Post Graduate Professional course	

Certified that

- (a) the particulars furnished in above are true and correct to the best of my knowledge and I hold myself liable for disciplinary action for any wrong statement of suppression of facts.
- (b) my son/daughter above named has not been detained in any examination in the course studying.
- (c) (i) I have not claimed any educational advance previously OR
(ii) I was sanctioned educational advance previously and it was fully paid and no amount is pending.
(iii) I have no pending dues to be repaid in respect of marriage advance(principle and interest)
- (d) I have assured that if I quit the services of the department or occurrence of any incident, the whole amount of the advance & interest accrued thereon shall immediately become due and payable. The same may be recovered in one lumpsum from any amount due to me from this Port.

DATE:

SIGNATURE OF THE EMPLOYEE

(TO BE FILLED BY THE HEAD OF DEPARTMENT OF
EDUCATIONAL INSTITUTION)

BONAFIDE CERTIFICATE

Certified that Selvan / Selvi

.....S/D/o.....

.....

..... Studying in

..... during the academic year . His/

Her Conduct & Character are and his/ her
attendance in the class is percentage.

2. This educational institution is recognized and affiliated to
.....
for conducting this course.

3. He/She is not in receipt of any scholarship from Central/State
Government or Local bodies or/ from the Management of the Educational
Institution or from any other known sources.

SEAL OF EDUCATIONAL
INSTITUTION

SIGNATURE OF THE HEAD
OF INSTITUTION (WITH SEAL)

Details of fees to be remitted:

PART.III

(TO BE FILLED BY THE HEAD OF DEPARTMENT OF THE PORT)

Certified that the particulars by Shri/Smt.....

.....

..... have been verified and found to be correct. Certified that the copies of documents required are enclosed herewith.

Date:

HEAD OF DEPARTMENT