

V.O.CHIDAMBARANAR PORT TRUST
FINANCE DEPARTMENT

**MERIT SCHOLARSHIP FORMS TO BE FILLED BY THE OFFICER/ EMPLOYEE
OF THE PORT**

1	Academic Year	
2.	Name, Designation of the Employee & Employee No.	
3.	Department	
4.	Whether belongs to SC/ST	
5.	Name of his/her child to whom the scholarship is applied for.	
6.	Name of the Educational Institution with full address, in which the child is studying & name of the University to which the Institutions is affiliated/recognized.	
7.	Name of the academic course in which the child is now studying & the date from which the course commence.	
8.	Total duration of the course	
9.	Year of the course now the child is studying	
10.	Details & quantum of Scholarships availed for the child in the last year and the same details, which are expected in this year for the same child from other sources including Port.	
11.	Amount of fees & Special fees paid for each semester for this course.	
12.	Marks obtained by the child in (a) X Std. for Polytechnic/ (b) PlusTwo/ITI for professional/Degree (c) Degree for Post Graduate	
13.	% of marks obtained (attested copy of the mark list should be enclosed)	

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 have not claimed any merit scholarship/cost of books for more than one dependent child at any time.

DATE:

SIGNATURE OF THE EMPLOYEE

PART. II

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

Certified that Selvan / Selvi S/D/ostudying in during the academic year 202-202. His /Her Conduct & Character are ----- and his /her attendance in the class is ----- percentage.

This educational institution is recognized by 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 SEAL)

SIGNATURE OF THE HEAD OF INSTITUTION (WITH

PART. III

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

Certified that the particulars furnished 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