

KERALA STATE COOPERATIVE EMPLOYEES WELFARE BOARD
APPLICATION FOR CASH AWARDS TO THE CHILDREN OF MEMBERS COMING UNDER RULE 19(B) OF
KSCEWB RULES
 (Please use CAPITAL LETTERS only)

1 Particulars of applicant member & his/her Child

Name of Employee	Code No. :
Postal Address	
Pin Code :	
Tel No. (Land) : Mob:..... Email ID :	
Full Name of Child	
Date of Birth of Child	Gender of Child <input type="checkbox"/> Male <input type="checkbox"/> Female

2 Particulars of Employer Cooperative Institution

Name of Coop. Institution	Code No.
Postal Address	
Pin Code :	
Tel No. (Land) : Mob:..... Email ID :	

3 Merit Item Category & Particulars:

1. *Separate application to be used for each category.*
2. *In case of more than one achievement in category B or C, only one award allowed under that category*

Category	Name of Examination	Rank / Grade	Marks Scored	Gross Mark	%	
A. Academic Merit	<input type="checkbox"/>	Rank / Grade/ Marks &% of Score	Rank / Grade	Marks Scored	Gross Mark	%
		Register Number	Month:		Year :	
		School /Collage Attended				
		Certificate Issuing Body				
B. State School Kalolsavam	<input type="checkbox"/>	Name of Item Performed				
		Grade Awarded				
		Class/Course of Study	Academic Year			
		School /Collage Attended				
C. Sports & Games	<input type="checkbox"/>	Name of Event Participated				
		Class /Course of Study	Academic Year			
		Name of School /Collage				
		Participation Level & Place / Score Obtained	School Level		College Level	
			<input type="checkbox"/> State	<input type="checkbox"/> National	<input type="checkbox"/> Inter-University Meet	
			<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	<input type="checkbox"/> Participated	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	
		Name of Meet /Competition				
	Name of Certifying Body					

I....., do hereby affirm that the particulars furnished above in support of the cash award merit claim, are true and correct to the best of my knowledge and belief.

Place:.....
Date:.....

Signature of the Applicant Employee

Recommended by President of Cooperative Institution	Name & Dated Signature	Official Seal
Countersigned by Head of Department / District /Taluk Level Officer of the Concerned Admin. Dept.	Name & Dated Signature	Official Seal