

SAINIK PARIVAR KALYAN NYAS

Site -11, Plot No. 8, West Patel Nagar, New Delhi-110008

PH: 011-25881856/ 45093460, Email- abpssp@gmail.com

APPLICATION FORM

FOR GRANT OF FINANCIAL AID FOR HIGHER EDUCATION

PSSP Membership No. & Date _____

State. _____

PART- A

Details of Ex-Serviceman

1. No., Rank and Name.....

.....

2. Trade / Group.....

3. Unit last served in.....

4. Arm / Corps / Service.....

5. Date of Retirement / Release / Discharge (Attach a copy of PPO).....

6. Total pension (inclusive of DR) on the date of application.....

(Attach a certificate from Bank / Treasury)

7. Complete address (In Capital Letter)

.....

.....

Mobile No.

8. Designation if any (at PSSP State/Pranth/Distt level).....

9. No. of dependant children

(Attach dependency certificate as issued by pensioning authority)

10. Total annualized house hold income.....

11. Special category if any (Please tick whichever is applicable)

Widow

Handicapped

Any other.....

NOTE:- MINIMUM ONE YEAR OF MEMBERSHIP IS REQUIRED IS TO BE ELIGIBLE FOR SCHOLARSHIP.

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PART- B

Details of beneficiary child

1. Name.....Male/ Female.....
2. Date of birth.....
3. Last Examination passed & year (copy of the mark sheet to be attached).....
4. Course/Programme for which selected & year of enrolment
(Attach certificate from the head of the institution)
5. Duration of the Course/Programme.....
6. Name and address of the Institution in which admission is being/ has been obtained.....
.....
.....
7. Presently studying in year/ semester.....
(Attach a certificate from the head of the institution)
8. Annual fee
(Attach a certificate from the head of the institution)
9. Extracurricular activities.....
.....
10. Is the child in receipt of any other scholarship / financial aid?.....
If yes give details.....
11. Any other information.....

“Certified that the above information is true and that nothing has been concealed.”

Signature of the Child

Signature of the Ex-Serviceman (ESM)
(Responsible to check correctness of the above details)

Remarks by the General Secretary/President

1. Contribution(s) of the ESM towards the Organisation (ABPSSP/PSSP).
 - I.
 - II.
 - III.

2. Assessment of the State General Secretary/President about the ESM.

	(✓) Please tick as applicable
Outstanding	
High Average	
Average	
Low Average	

3. Certified that the contents of this application have been checked for the truthfulness by me and I recommend / do not recommend the applicant for financial help.

Place:
Date:

Signature
Gen Secretary/President..... (State) PSSP
Affix Rubber stamp