APPLICATION FORM FOR AWARD OF EDUCATIONAL SCHOLARSHIP FROM NAVY WIVES WELFARE ASSOCIATION (CENTRAL) NEW DELHI TO THE CHILDREN OF DECEASED NAVAL PERSONNEL

PART I PARTICULARS OF SERVICE

1.	Name of the widow/Applicant	
2.	Relationship with the deceased	
3.	Name, Rank and Number of late Officer/Sailor	Photgraph of Applicant
4.	Ship / Establishment last served	ripplicalit
5.	Date of Release/discharge / death	

PART II

DETAILS OF DEPENDANTS

S1.	Name	Age	Relationship
1.			
2.			
3.			
4.			
5.			
2.	Rate of family pension/children Allowance pe	er month	
3.	Total monthly income of the family including income from landed / house property		
4.	Any other source of income, indicate amount (if employed, give place of duty and pay per	-	
5.	Whether any other member of the family earn (give monthly income)	ning	

PART III

1.	Number of school/college going children								
2.	Number of boarders/day scholars								
3.	Particulars of the children								
S1.	Name of the child	Date of birth	Name of school/ college	Class in which studying	Date of admission in school/ college	Period of Academic year			
1.									
2.									
3.									
4.									
5.									
4. Yearly approximate expenditure on 1) Books									
			2) Stationery						
			3) Uniform						
			4) Fees						

5. Whether any child is in receipt of scholarship from INBA or any other source; give particulars of scholarship and the amount of the scholarship per annum.

6. Whether the child has been granted fee remission or fee concession by the educational institution and amount of fees paid per month

PART IV

CERTIFICATE FROM THE APPLICANT

Certified that the above particulars are correct and any false statement by me will render me ineligible for a scholarship

Signature of applicant

Date

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PART V

SCHOOL/COLLEGE ATTESTATION

Certified that the facts given in part III above are correct as per school/college records.

Stamp of the School/College with Date

Signature of Head of the School/College