То

Army Welfare Education Society (AWES) Education Scholarship Scheme for Army Personnel (ESSA) Building No 202, Shankar Vihar Delhi Cantt, New Delhi-110 010

APPLICATION FORM FOR EDUCATIONAL SCHOLARSHIP SCHEME FOR ARMY PERSONNEL (ESSA)

NOTE:- PLEASE DO NOT LEAVE ANY INFO BLANK, USE BLOCK CAPITAL LETTERS ONLY										FOR OFFICE USE ONLY
1. 2.	Perso Rank	onal No/Army No	:				· · · · · · · ·			Registration No
3.	Name	e (As per Bank Acct)	:							
4.	Unit		:							
5.		Il Address of the Unit unit Pin Code No)	:							
6. 7.	Mobil E Ma	e No il Address	:							
8.	Partic	culars of the Child: -								
	(a)	Name :								
	(b)	Date of Birth	DD		MN	Λ	Y	Y		
	(c)	Class Passed :								
(d Sessi		of Completion of the	:					_		Academic

 (f) Is the Child ? (l) School going (ii) College going (iii) Attending professional course (Mention Course) 9. Examination Result. (a) Marks/Grade :	PLEA	SE IN	DICATE	
(a) Marks/Grade :		(f)	(I) School going(ii) College going(iii) Attending professional course	
obtained.	9.	<u>Exam</u>	ination Result.	
(a)Offr/JCO/OR (Name as per bank Acct):(b)Name of Bank and full address:(c)Bank Acct No:		obtair (b)	ed. Total marks : Percentage of marks, :	
(Name as per bank Acct)(b)Name of Bank and full address(c)Bank Acct No	10.	<u>Detai</u>	ls of Bankers	
(c) Bank Acct No :		(a)		
		(b)	Name of Bank and full address :	
(d) IFSC Code (Present bank handling acct):		(c)	Bank Acct No :	
		(d)	IFSC Code (Present bank handling acct):	
(e) Cancelled bank cheque :		(e)	Cancelled bank cheque :	

11. The particulars given above are correct. I state that I have not applied/not applying any other scholarship for my ward for the class stated above.

Place :

Date :

(Signature of Applicant)

	<u>(To be filled by</u>	OC Unit)	
Certified that Ma	aster/Miss	son/dau	ighter of No
Rank N	lame		is recorded in his Record of
Service and that his/he	er date of birth is		as published in Part II Order
No	dated		The application has been
scrutinised and is in acc	ordance with the AO.		
Station:			
Dated:			(Signature of OC Unit) Office Seal

Appendix B

Name of School / College / Institution_____

1.	This is to certify that Master/Miss										Son/daughter of		
No_			Rank _			Narr	ıe			<u></u>			
has	been	bonafide	student	of	this	School	or	College	during	the	academic	year	
		w	hich start	ed c	on			and ei	nded on _		·	The	
result was declared on					by the University/Institute.								

2. He/She is still studying / left the institution on ______.

3. His/Her date of birth as per record is _____.

4. His/Her annual result/Grade is as under: -

Academic Class Year Passed		Marks/Grade/ SGPA obtained	Total Marks	Percentage of marks, if applicable		
Example 2017-18	BE lst Year	Ist Sem - 40				
2017-10	(Total duration 04 Yrs)	Ind Sem - 40 Total - 80	100	80%		

5. The academic year in which the student passed the class mentioned in para 4 above commenced on ______ and ended on _____.

Signatures_____ (Headmaster or Principal) (Rubber Stamp)

Place:

Date: