## **DSBF/TPJ 2023-2024**

# Application for DSBF - DIPLOMA COURSES

### For Wards of all Non-Gazetted Staff under TPJ Division

(Maximum 2 Elder children at a time only)

This application format is eligible only for grant of Scholarship to the wards pursuing DIPLOMA Courses only for the year 2023-2024.

Affix Latest passport size photograph of the

(Photo to be attested by Institution/College

#### (Bank details has to be furnished in the Proforma enclosed as Annexure-I).

1.	Name of the employee		Designation		Office/Station		
2.	Date Of Appointment		Bill Unit		PF No.		
	· ·						
3.	VII PC Pay MatrixLevel		Pay level Rs.		Pay Rs.		
4.	Whether the employee belongs to SC/ST/OBC/UR/PH (Tick relevant column)		SC	ST	OBC	UR	PH
5.	Name of the Ward	Gender	Da	Date of Birth		Relationsh	ip
	Name of the Course	Year of study					
			Amount	paid for L	ast year		
			from DSBF-2022-2023		Duration of the course		
	Name & address of the institution		Particulars of the course studying/ year (2023-24 only eligible)		Duration	or the course	
7.	Residential Address						
8.			Mobile	Employ	ee		
			No.	Supervi	sor		
10.	Fee paid for the current year		Year 2023-24		Amount Rs.		
11.	Details of other Scholarship from any other source.					An	nount Rs.
				SB A/c No.			
			IFSC Code:				
			Bank Address:				

-2-								
12.	Has He /She applied for any other Scholarship under SBF for the current year, If so, give complete details thereof	Yes		No				
13. If any other child is getting Scholarship from SBF, Give details		Yes/No						
Certif	y that:							
<ul> <li>a) No student other than my Son/daughter(Name) is enjoying the educational aid that has been applied for.</li> <li>b) Particulars shown regarding my Son/daughter are as furnished by me in Pass declaration.</li> <li>c) All the details furnished above are true to the best of my knowledge and if found to be false in future, I shall be taken up under D&amp;A Rule.</li> </ul>								
Station!		gnature of the Applicant:						
Date:		esignation						
Certif	ied that the particulars given against colur	nns 1 to 13 are correct						
Statio	n:							
Date:	Si	gnature & designation o	f the Superv	visor with seal.				
Certificate from the Educational Institution/College/University in which the Student is Studying								
Certi	fied that	(stud	lent's n	ame) is a				
bona	fide student of this Institution		(ı	name of the				
Institution) and is at present studying in(name of the								
course)(discipline) (I/II/III/IV year during								
the academic year								
Statio	on							
Date_								
Seal	of the College /Institution							

Signature of the Head of the Institution with seal

# SOUTHERN RAILWAY DIVISIONAL STAFF BENEFIT FUND TIRUCHCHIRAPPALLI DIVISION

#### (BANK DETAILS OF THE WARD HAS TO BE FURNISHED )

(For Diploma Scholarship only)

(Anneuxue I to application for DSBF Financial assistances for grant of Scholarship for Diploma Courses - 2023-2024)

Ref: Letter No.T/P.641/DSBF/TPJ/2023-2024 dt.04.10.2023 and 09.10.2023.

(PLEASE FILL THE DETAILS CLEARLY TO AVOID DELAY IN PAYMENT)

Name of the employee:					
Staff No.					
P.F.No.					
Designation and Station					
Mobile Number					
Railway Phone					
Mobile Number of the Supervisor					
Bill Unit No.					
Name of the ward applied for DIP	LOMA 2023-2024				
S.B.Account No					
IFSC code No					
Bank Address					
Clear Xerox o	copy of the Ward's E	ank pass book has to be enclosed.			
		r and other details furnished above is my account			
and the details furnished above are corr		,			
Place:	Signature of	the employee:			
Date:	Designation	Designation and Station:			
Verified bank details of v & Sr.DPO/TPJ.	vard with Bank pass	book and found correct. Forwarded to The Chairman/DSBF			
Place:	Signature of	the Supervisor:			
Date:					
Office Seal:					