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 षังวฑర - 0487-2444266





No : WBCA/KROA/1576/18
๗ியயாை : 16-05-2018











 31-07-2018 வ๑ฉயวஸั.










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| Caty゙muers |  |  $\mathrm{CO}_{3} \mathrm{~B}_{1}$ |  |
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| $10^{\text {th }} \mathrm{Std}$ ． |  C（ $\operatorname{con} 0^{\circ}$ లडी | 10000 |  <br>  <br>  <br> （State，CBSE，ICSE，ISC） |
| Plus－2 |  <br>  | 10000 |  |
| $\left.\begin{array}{l} \text { VHSE } \\ \text { HDC \& BM } \\ \text { JDC } \end{array}\right\}$ |  <br>  <br>  | $\begin{array}{r} 10000 \\ 7000 \\ 5000 \end{array}$ |  <br>  |
| B．Tech <br> M．Tech <br> B．Sc－Nursing |  | 15000 |  <br>  <br>  <br>  <br>  <br>  <br>  <br>  <br>  |
| BDS <br> MBBS <br> BAMS <br> BHMS <br> MS，MD <br> MDS |  | 25000 |  |
| กัomvosm <br>  |  <br>  <br>  | 5000 |  <br>  <br>  <br>  <br>  <br>  |
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## Contact Numbers <br> Section/Jr. Superintendent - 9995506280 <br> Sr. Superintendent - 9446751581



















KERALA STATE COOPERATIVE EMPLOYEES WELFARE BOARD

## APPLICATION FOR CASH AWARDS TO THE CHILDREN OF MEMBERS COMING UNDER RULE 19(B) OF KSCEWB RULES <br> (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 : |  | .... Email ID : |  |
| Full Name of Child |  |  |  |
| Date of Birth of Child | 1.1 | Gender of Child | $\square$ Malea Female |

2 Particulars of Employer Cooperative Institution


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


1 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 <br> President of Cooperative Institution |  | Signature of the Applicant Employee |
| :--- | :--- | :--- |
| Countersigned by <br> Head of Department / District /Taluk Level <br> Officer of the Concerned Admin. Dept. | Name\& Dated Signature | Official Seal |

