

ANNEXURE - IX

KERALA STATE CO-OPERATIVE EMPLOYEES WELFARE BOARD**APPLICATION FOR CASH AWARDS TO THE CHILDREN OF MEMBERS**

[Please use capital letter only and put ✓ mark in the appropriate box]

1 Particulars of applicant (member) & his/her Child

Name of Employee				Code No :	
Postal Address					
Pin Code :					
Tel No.(Land): Mob:..... Email. ID :					
Full Name of Child					
Date of Birth of Child	____/____/____	Gender of Child	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> TG

2 Particulars of Employer Co-operative Institution

Name of Co-op.Institution				Code No.	
Postal Address :					
Pin Code :					
Tel No.(Land): Mob:..... Email. ID :					

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**

Category	Name of Examination								
A. Academic Merit	Rank / Grade/ Marks & % of Score	Rank / Grade		Marks Scored		Gross Mark		%	
	Register Number					Month:	Year :		
	School /College Attended								
	Certificate Issuing Body								
B. State School Kalolsavam	Name of Item Performed								
	Grade Awarded								
	Class/ Course of Study					Academic Year			
	School/ College Attended								
C. Sports & Games	Name of Event Participated								
	Class/ Course of Study					Academic Year			
	Name of School / College								
	Participation Level & Place / Score Obtained	School Level				College Level			
		<input type="checkbox"/> State		<input type="checkbox"/> National		<input type="checkbox"/> Inter-University Meet			
		<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd		<input type="checkbox"/> Participated		<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd			
	Name of Meet / Competition								
Name of Certifying Body									

I do hereby affirm that the particulars furnished 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 President of Co-operative Institution		
	Name & Dated Signature	Official Seal
Countersigned by Head of Department / District / Taluk Level Officer of the Concerned Admin. Dept.		
	Name & Dated Signature	Official Seal