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.: ..... Mob:..... Email. ID :			
Full Name of Child			
Date of Birth of Child	_____/_____/_____	Gender of Child	☐ Male ☐ Female ☐ TG

2 Particulars of Employer Co-operative Institution

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

3 Particulars of Welfare Board Contribution :

Total amount of Welfare Board Contribution remitted by the employee & employer till the month of March of the current year	Rs. :

4 Merit item Category & Particulars :

(Separate application to be used for each category. In case of more than one achievement in category B or C, only one award allowed under that category)

	Category								
A.	☐ **Academic Merit**	Name of Examination							
		Rank / Grade/ Marks & % of Score	Rank / Grade		Marks Scored		Gross Mark		%
		Month & Year of Final Exam			Register Number				
		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**		
			☐ **State**		☐ **National**		☐ **Inter-University Meet**		
			☐ **1st** ☐ **2nd**		☐ Participated		☐ **1st** ☐ **2nd** ☐ **3rd**		
		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 Administrative Department of Government.	Name & Dated Signature	Official Seal