

APPLICATION FOR: PERUNTHALAIVAR KAMARAJAR FINANCIAL ASSISTANCE-RENEWAL ANNEXURE – III

**ANNUAL PROGRESS REPORT FOR 200____-200____
[Rule VII(5)]**

PERUNTHALAIVAR KAMARAJAR FINANCIAL ASSISTANCE TO THE STUDENTS STUDYING _____ COURSE

1. Name of the student (in BLOCK LETTERS) :
2. Institution :
3. CENTAC No. & year of admission :
4. Students Bank A/c Details
(a) Name of the Bank & Branch
(b) Bank Account No.
5. Last Year Sanction Order No. & Date :
6. Number and Date of Cheque :
7. Course of Present Study :
8. Whether promoted to next higher class? :
9. The date on which he/she joined the class in the current academic year :
10. The month in which his/her University Examination of the current academic year will ordinarily be over :
11. (a) Details of marks obtained in the Non-semester / Semester Examination :
(b) Total Number of maximum marks :
(c) Marks obtained by the Scholar (Both semester) :
(d) Percentage of marks obtained by the Scholar (Aggregate of both semesters) :
12. Character and conduct of the student :
13. Specific recommendation of the Principal / Head of the Institution :

Place:

Date :

Signature of the Head of Institution

ANNEXURE – II

INCOME AFFIDAVIT

[Rule VII(3)]

**DECLARATION OF INCOME FOR THE YEAR 200 - 200
(ENDING 31ST MARCH OF A YEAR) FOR PURPOSE OF FINANCIAL
ASSISTANCE UNDER THE SCHEME PERUNTHALAIVAR KAMARAJAR FINANCIAL
ASSISTANCE TO THE STUDENTS STUDYING
_____ COURSE**

I,(Name of Father / Mother)
Son / Daughter of Thiru.Tmt..... at present
residing _____ at

.....

solemnly affirm and says as follows:-

1. That my Son/Daughter Thiru/Selvi..... (Name of the student) who is applying for the grant of Financial Assistance under the Scheme Perunthalaivar Finance Assistance to the students studying course is studying in (Name of the institution)

2. That my annual income in the preceding year ending 31st March 200... is Rs.....(Rupees only) as per details furnished in the Schedule hereunder written. I also affirm that particulars of property held by me are as shown in the Schedule and that I have correctly indicated the amount on various taxes, cesses and land revenue paid by me. I make myself personally responsible for the facts and figures furnished.

3. That the statements made in the foregoing paragraphs are true to my knowledge.

4. That I further undertake that in the event of the particulars given in this Declaration being found to be false, I shall refund to the Government of Puducherry double the amount of the Financial Assistance paid to the said Awardee and the Government's decision on whether the Declaration of particulars is false shall be final and binding on me.

SCHEDULE

Signature

Signature of Executive Magistrate

Name in full :

(To be signed in the presence of Executive Magistrate who affixes his seal and signature)

SCHEDULE

(All the columns in the Schedule should be filled in properly by Words and not by Dashes or Dots)

I. Extent of land held and income –

(a) Independently as owner -

- i) Area :
- ii) Village :
- iii) Survey No. :
- iv) Land Revenue Assessment :
- v) Annual Income : Rs.

(b) Jointly as owner -

- i) Area :
- ii) Village :
- iii) Survey No. :
- iv) Land Revenue Assessment :
- v) Annual Income :Rs.

(c) Independently as tenant -

- i) Area :
- ii) Village :
- iii) Survey No. :
- iv) Land Revenue Assessment :
- v) Annual Income :Rs.

(d) Jointly as tenant -

- i) Area :
- ii) Village :
- iii) Survey No. :
- iv) Land Revenue Assessment :
- v) Annual Income of the Scholars Father / :Rs.
Father

II.	Property held and Income (Houses, shop, buildings, house-sites, etc.)	
	i) House No.	:
	ii) Street / Road	:
	iii) Village / Town / City	:
	iv) Area of Site	:
	v) Rent derived, if any	:
	vi) House Tax Paid	:
	vii) Sanitary cess or other house taxes paid	:
	viii) Net Annual Income after deduction of items (vi) and (vii)	:
III.	Income from shops	
	i) Address of Shop	:
	ii) Nature of trade	:
	iii) Sales / Tax Income Tax Paid	:
	iv) Licence No.	:
	v) Rent derived, if any	:
	vi) Annual Income	: Rs.
IV.	Salaries drawn	
	i) Name of the employer	:
	ii) Office / Unit in which he is working and designation	:
	iii) Address of Office	:
	iv) Annual emoluments for 200____ - 200____	:
	Break up for annual emoluments -	
	Basic Pay	: Rs.
	D.A. / A.D.A.	: Rs.
	H.R.A. etc.	: Rs.
	O.T.A. / Bonus	: Rs.
	Others	: Rs.
	Total	: Rs.

(Annexure has to be attached from the Pay Drawing Officer in respect of salaried person)

V. Other Source of Income

i) Income from subsidiary industries / Part : Rs.
time occupation

ii) Amount drawn as wages : Rs.

iii) Any other income : Rs.

VI. Annual Income of wife and the scholar from :
any source

VII. Total income of the family for the whole year : Rs.
200___ - 200_____

Average Income of the family for one month : Rs.

Signature of the Parent of Scholar

Note:

- (1) Total Income of the family should include income of father, mother and the scholars and of no other members though they may be earning.
- (2) If father is dead then mother's income will be shown alongwith the income, if any in the scholar's own name from shares, property, etc.
- (3) If both father and mother of the scholar are deceased, then the income, if any, in the scholar's name only will be shown and not the income of any guardian who may be supporting the scholar.
- (4) A detailed break-up from the annual emolument shown under Column No.IV (Salaries drawn) as required against the column should invariably be furnished.

CERTIFICATE

(In case where the marks are indicated by Grades or Grade Point Average this Certificate furnished in addition to the attested copies of the marks lists)

Certified that Thiru / Selvi
doing in(Name
of the College) has secured not less than 50% of marks in the aggregate of I and II
Semester Examinations / I, II and III Trimester Examination / in the University examination
during the Academic Year.

Place:

Date :

Signature of the Head of Institution

CERTIFICATE

(In case the student was absent on Medical Grounds from either of the Semester / Trimester / University Examination)

Certified that Thiru/Selvi..... did not appear for the following examination(s) during the course of the academic year on valid medical grounds. The Medical Certificate is enclosed.

EXAMINATION	DATE(S)
(i) I or II Semester	:
(ii) I or II or III Trimester	:
(iii) University Examination	:

Certified further that I am satisfied from the general academic performance of the student that had he/she appeared for (each of) the above – mentioned examination(s), he / she would have secured not less than 50% of the total marks in the aggregate.

Place:

Date :

Signature of the Head of Institution

NOTE:

1. Please note that if the particulars are not correctly furnished, the Annual Progress Report will be rejected.
2. The Annual Progress Report of each Scholar along with a fresh Income Affidavit should be forwarded to the Director of Higher & Technical Education, Puducherry within one month from the date of publication of results.

SELF AFFIDAVIT

(To be furnished in Stamped Paper worth Rs.5/-)

I, Son/Daughter of
..... Puducherry, under the Sponsored Quota of Government
of Puducherry, hereby declare that the information regarding Income, Residence/Nativity
furnished by me along with the applications for the Award of Perunthalaivar Kamarajar
Financial Assistance are true and correct.

Further I declare that I shall devote my full time to the course of study for which I
have applied / received the Scholarship.

Further I undertake in the event of particulars given in this Declaration being found to
be false or become ineligible for receipt of the Financial Assistance I shall refund the double
the amount of the Financial Assistance received by me to the Government of Puducherry.

Signature of the Student

Date:

Name

Address

Withess 1.

Name

Address

Withess 2.

Name

Address