

ANNEXURE IX
APPLICATION FOR CASH AWARDS TO THE STUDENTS OF
THE MEMBERS OF THE KERALA STATE CO-OPERATIVE
EMPLOYEES WELFARE BOARD

1. Name of the employee :
(In block letters)
2. Name of the Students :
3. Name and address of the Institution in which
the employee is working :
4. Code Number of the employee and the
Institution :
5. Name of the Institution in which the student
appeared for the S.S.L.C. Examination with
Register Number & Year :
6. Total marks secured in the. Examination :
7. Whether a true copy of the Certificate
and Marklist duly attested by the Headmaster/
Headmistress of the Institution is attached :
8. Amount claimed :

I,hereby certify that the particulars given above are correct and genuine to the best of my knowledge and belief.

Signature of the Employee.

Place:

Date:

Recommendation of the President of the Institution.

Place:

Name and Signature of the
President of the Institution

Date:

(Office Seal)

Countersigned by

Head of Department /District/Taluk level
Officer of the concerned Administrative
Department of Government.

Place:

Date:

(Office Seal)

(Name and Signature)