

No. 05-04/2022-WL/G-II
Government of India
Ministry of Communications
Department of Telecommunications
Sanchar Bhavan, 20, Ashoka Road, New Delhi-110001
(WL/G-II Section)

Dated: February, 2022

CIRCULAR

Subject: Grant of Scholarship, Hostel Subsidy, Transport Charges and lump sum grant to Differently Abled wards of DoT employees for the Academic Year 2020-2021.

Applications are invited from the employees of DoT (**only through respective administrative office/unit**) for grant of Scholarship, Hostel Subsidy, Transport Charges and lump sum grant to **Differently Abled wards** of DoT employees for the Academic Year **2020-2021**.

2. Telecom. Staff Welfare Board, DoT (HQrs) has decided to revamp the existing Welfare Schemes and also enhanced the rates of these Welfare Schemes. Scholarship amounts and eligibility conditions (placed at **Annexure-A**). Accordingly, with a view to expedite the processing of the applications and to reduce the inconvenience being faced by the offices located **outside Delhi & NCR**, it is hereby decided that concerned field / circle offices/units will **undertake scrutiny** of applications received from their respective employees to ensure that these are in **conformity with eligibility conditions**. Only after satisfying themselves regarding *prima facie* eligibility will these applications in original be forwarded to this office along with a summary list, with the **approval** of the head of the unit/office.

3. For ensuring uniformity in filling up, compilation and scrutiny of the data, the list of recommended names may be **furnished** as per **proforma** at "**Annexure-B**". A soft copy of the list is to be mailed to Email Id : kori.ravindra@nic.in as an Excel Sheet in the format prescribed.

4. Each office/unit may forward eligible applications pertaining to its employees in a single lot by **15.04.2022**. In the case of DoT HQ offices in Delhi too, each Division/Wing may send in one lot each for employees working in that Division/Wing. Individual application sent by employee(s) directly to this office **shall not be accepted**.

5. **As decided by the Telecom Staff Welfare Board, any application / list received after 15.04.2022 will not be considered.**

Encl: As above.

MUR
15/2/2022
(Nithali Ram)
Welfare Officer &
Under Secretary (T)
Tel. No. 23036300 / 6464

Copy to:

1. All Wing Heads/Division Heads of DoT HQ for wide circulation among DoT employees.
2. DG/T and CGCA for circulation in LSAs and CCAs respectively.
3. WA/WPC for circulation among RLOs/any other field units
4. Sr.DDG/TEC, Sr. DDG/ NTIPRIT, DG/NICF.
5. Dir.(WM), E-Wing, 3rd Floor, Madangir Road, Pushp Bhavan, New Delhi-110062 for circulation among WMOs.
6. Notice Boards of Sanchar Bhavan/Dak Bhavan/2nd Floor & 6th floor of MTNL building (Minto Road)/ 2nd Floor of UIDAI building.
7. IT Division for uploading on e-office

Scholarship, Hostel Subsidy, Transport Charges and lump sum grant amounts and eligibility criteria

Name of Scheme	Course/Class	Rate
Scholarship Award	1.Primary, Secondary and Higher and Senior Secondary classes (I-XII) 2.Degree/Diploma courses in both Technical and Non-Technical streams	Rs. 1000/- pm per child
Lump sum incentive grant for purchasing special teaching aids including Transport Allowance/ Hostel Subsidy	-do-	Rs. 7,000/- per annum per child

Eligibility-

- i) The minimum degree of disability shall be 40% as certified by the accredited Medical Board in respect of the following disabilities of the child:
 - a) Visual impairment
 - b) Locomotor/Orthopaedic disability
 - c) Speech & hearing disability
 - d) Mental retardation
- ii) Age- Differently Abled children will be eligible for the benefits between the age limits 5 to 22 years and for more than two academic years in the same class subject to the upper age limit of 22 years.
- iii) Assistance as per the above scheme shall be restricted to two elder children (only if the child attends the school regularly) and should be an employee of DoT in the respective academic year. This may be duly verified/endorsed by the applicant through their respective administration. (As per proforma enclosed)
- iv) It is mandatory for applicants to furnish their Bank Details (Mandate Form enclosed) for making payments through ECS.
- v) Please submit separate applications for each ward.
- vi) In case the spouse of the applicant is employed in any DoT office, a certificate from the employer stating that he / she has not claimed any Book Award for the respective academic year in respect of the children from that office, is required to be attached with application.
- vii) It is mandatory for applicants to furnish their Bank Details (Mandate Form enclosed) for making payments through ECS.
- viii) **Forms are available at <http://dot.gov.in/circulars/general-section-dot>. For any clarification, kindly contact Section Officer, Welfare/G-II Section, (Tele. No. 011-23036464/6897).**

15/11/21

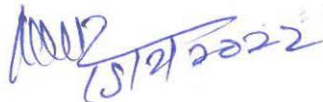
ANNEXURE - B

Scholarship, Hostel Subsidy, Transport Charges and lump sum grant to Differently Abled wards of DoT employees for the Academic Year 2020-2021

Sr. No.	Name of the Employee (Sh./Smt./Ms.) & Designation	Office	Name of the ward(Mr./Ms)	Eligibility Performa Submitted	Whether Spouse of the applicant is working in DoT	Stage which qualified (2020-2021)	Rate	Amount Admissible(Rs)
1				Yes/No	Yes/No			
2								
3								
4								
5								
6								

It is certified that the wards as per details given above are eligible for the scheme and necessary approval of the Head of the Office/Unit (Also specify the approving authority) has been obtained for forwarding the list of eligible employees.

Signature of the forwarding authority with name, designation, contact number & stamp _____


15/12/2022

PROFORMA

SCHOLARSHIP FOR EDUCATION OF DIFFERENTLY ABLED CHILDREN FOR THE
ACADEMIC YEAR 2020-2021

A. DETAILS OF APPLICANT (EMPLOYEE)

1. Name: Sh./Smt. :
2. Designation :
3. Official Address with Section & Ph.No. :
4. Residential address :
5. Pay level as on 1st April 2019 (as per 7th CPC) :
6. If spouse is employed in the Department of Telecom. : **Yes / No**
 - i) If yes, Pay level of the spouse and his / her Official address :
 - ii) If yes, a certificate from the office of the spouse as per : **Yes / No**
para (5) of the circular is attached

B. DETAILS OF WARD:

1. Name :
2. Relationship :
3. Date of Birth :
4. Type & percentage of disability :
(Attach certificate)
5. Class & academic session :
6. Name of school/college :
where studying

(Attach bonafide certificate from Head of the School/College)

Scheme	Claim Period	Amount admissible (for office use only)
Scholarship Award		
Lump sum grant for purchasing special teaching aids including Hostel Subsidy/Transport allowance		

Declare that:

1. The particulars given above are true and complete to the best of my knowledge.
2. The total no of children in respect of whom the scholarship award/hostel subsidy/transport allowance and lump sum grant does not exceed the no. as provided in the scheme.
3. I also undertake to inform my employer forthwith in the event of my withdrawing the child from the Institution/Hostel and also about any change in the particulars mentioned earlier.

Signature of claimant

Name _____

Designation _____

CERTIFICATE

Certified that Sh./Ku. ward of Sh./Smt.....is a bonafide student of this Institution and is studying in class..... in academic year.....

He/she was admitted to school/college hostel on and continues to be a boarder as on date.

Dated.....

Principal/Head of the Institution

(Stamp of the Institution)

Verification from Administration for the Scholarship Award to Differently Abled Children for the Academic Year 2020-2021

1. Name of the Employee :

2. Designation :

3. Date of Joining in DoT :

4. Whether employee of the DoT - : **Yes/No**
During the Academic Year 2020-2021

5. Details of first two dependant children including twins as per service record:

<u>Sr. No.</u>	<u>Name of the children/ wards</u>
1.	
2.	
3.	

Signature of the concerned Administration./Staff Br.

Name: _____

Designation: _____

MANDATE FORM

BENEFICIARY / CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-PAYMENT

1. Beneficiary Name :
2. Beneficiary Address :

3. Beneficiary Account No :
4. Account Type :
(Savings Bank / Current)
With Code 10/11/13
5. Nine digit code number of the :
Bank & branch. Appearing on
the MICR Cheque issued by
the bank (if available)
6. Bank Name :
7. Branch name :
8. Branch Address :

9. Telephone no :
10. IFSC (Indian Financial Service code) :
11. Photo copy of cancelled Cheque to confirm correctness of IFSC code and Account no.
:

I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incompleteness or incorrectness of information given by me as above. I would not hold the user institution responsible.

Dated : _____

(_____)

Signature of the beneficiary/customer/applicant

Certification that the particulars furnished above is correct as per the records.

Bank Stamp

Dated : _____

(_____)

**Signature of the authorized official
With Phone No. from the Bank**