No. 05-02/2022-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: Award of Scholarship to the meritorious 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 Scholarship to the school going and college going wards 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.

(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 amounts and eligibility criteria

Sl.No.	Name of Course		late of olarshi	p	Basic pay limit
	Technical Degree Courses- B.E./B.Tech./ Professional MBBS & other Medical Courses in Govt. recognized Colleges/ Institutions		1000/-	per	No limit
2.	1 66	Rs. month	700/-	per	-do-
3.		Rs. month	700/-	per	-do-
4.		Rs. month	500/-	per	-do-

The rate of Scholarship for each course and the basic pay limit up to which the employees can apply, are shown in the above statement.

Eligibility Criteria: -

Eligibility conditions for award of scholarship are given below:

- i. The student must have secured a minimum of 70% marks in the annual examination in the class from which admission to the above course was obtained. Students studying in the first year of the courses may submit their applications for award of Scholarship in **Proforma-I**.
- ii. For renewal of Scholarship the ward must secure minimum 65% of marks in the previous year annual examination. If a ward fails in any subject/paper, the scholarship may be renewed provided that he/she secures an aggregate of 65% marks in all the subjects including the subject in which the ward has not got the qualifying marks. For renewal of scholarship to the second of scholarship to the schol
- iii. A relaxation of 10% in the minimum marks is admissible to students belonging to SC/ST/OBC and girl students against prescribed percentage for initial grant as well as for renewal. Both the relaxation cannot be combined.
- iv. An employee can apply for scholarship for first two dependent children including twins 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).
- v. No Scholarship is admissible for the last year of the programme / course. Scholarship for 2nd last year of the programme / course is payable for 10 months only. The student will have to take admission in the graduation course to take the benefit for his class 12th proformance. Pass out graduates and students of post-graduation courses are not eligible for the scheme.
- vi. It is mandatory for applicants to furnish their Bank Details (Mandate Form enclosed) for making payments through ECS.
- vii. Please submit separate applications for each ward.
- 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).

ANNEXURE - B

Scholarship for the Academic Year 2020-2021

Employee (Sh./Smt./Ms.) & Designation	Office	Name of the ward(Mr./M s)	Elgibility Performa Submitted	Whether Spouse of the applicant is working in DoT	Girl child/ OBC/SC/ST/ Group D employee	Class which quilified (2020-2021)	Class in which studying (2021-2022)	Marks(%) in qualifying exam	Rate P.M	Mont h	Amount Admissi ble(Rs)
			Yes/No	Yes/No	Yes/No						
						10					
										-	
	(Sh./Smt./Ms.)	(Sh./Smt./Ms.)	(Sh./Smt./Ms.) Office ward(Mr./M	(Sh./Smt./Ms.) & Designation	(Sh./Smt./Ms.) & Designation ward(Mr./M S) Submitted is working in DoT	(Sh./Smt./Ms.) & Designation Office ward(Mr./M Submitted Submitte	(Sh./Smt./Ms.) & Designation ward(Mr./M s) Submitted Sub	(Sh./Smt./Ms.) & Designation Ward(Mr./Ms.) & Designation Ward(Mr./Ms.) Submitted Su	(Sh./Smt./Ms.) & Ward(Mr./M Submitted Submitte	(Sh./Smt./Ms.) & Designation Submitted Sub	(Sh./Smt./Ms.) & Designation ward(Mr./M s) Ward(Mr./M s) Submitted

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 fowarding the list of eligible empoyees.

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

10/1/2022

Government of India Ministry of Communications Department of Telecommunications Sanchar Bhavan, 20, Ashoka Road, New Delhi-110001. (Welfare/G-II Section) ******

APPLICATION FOR FRESH DEPARTMENTAL SCHOLARSHIP FOR THE ACADEMIC YEAR 2020-2021

(A) DET	AILS OF APPLICANT(EMPLOYE	<u>EE)</u>				
i)	Name (Sh/Smt.)	:				
ii)	Designation	:				
iii)	Office Address and Section	:				
	With Telephone No.					
iv)	Residential Address	:				
v)	Whether belongs to SC/ST/OBC	;				
vi)	Pay Level as on 1st April 2019 (as	per 7th CPC):				
vii)	If spouse is employed in the Dep	artment of Telecom. : Yes/No				
	i) If yes, Pay level of the spouse Official address	e and his / her :				
	ii) If yes, a certificate from the office of the spouse as per : Yes/No para (4) of the circular is attached					
viii)	Whether the ward is entitled to any relaxation : (if yes, the details thereof)					
(B) <u>DETA</u>	AILS OF STUDENT					
i)	Name :					
ii)	Whether Son/Daughter:					
iii)	Date of Birth :					

(C) Details of education for which scholarship is applied for:

i)	Name of Course		;				
ii)	Whether degree or Di	ploma	:				
iii)	Total Duration		1				
iv)	Stream of Study (Tech	ı/Non-Tech)	:				
v)	Stage at which studying	ng	:				
vi)	Name of Institution		:				
vii)	State/University by w recognized/affiliated	hich	:				
(D) Sc	holastic Record of the	student comi	nencing from Ma	triculation Exan	nination before		
joinin	g the course study und	ertaken by tl	ne student shall b				
joinin		ertaken by tl	ne student shall b				
joinin	g the course study und of mark sheet/certification. Name of the	ertaken by tl ate duly self-	ne student shall b attested. Maximum				
joinin	g the course study und of mark sheet/certification. Name of the	ertaken by tl te duly self- Year of	ne student shall b attested. Maximum	e supported by Marks	Photostatted		
joinin copies	g the course study und of mark sheet/certificate Name of the Examination Matriculation/	ertaken by tl te duly self- Year of	ne student shall b attested. Maximum	e supported by Marks	Photostatted		

Note: If there is a gap between the passing of the minimum qualifying examination and joining the course of studies and is not covered by the scholarship, record, details of the period should be indicated.

* Attach self-attested mark sheet of the examination passed on the basis of which claim has been submitted and furnish relevant documents specifying the criteria / formula for conversion of the result into percentage format

(E) De	etails o	f Assistance, if any received:		
i)		e student exempted from nent of tuition fee ?	:	
ii)		swer to (i) above is 'Yes' ion the amount exempted	:	
iii)	or mo	student receiving any stipend onetary assistance from any source for this study?	i.	
iv)	If ans	wer to (iii) is 'Yes'	:	
	1)	Amount	ï	
	2)	Source	:	
		mployer stating that he/she has neighbors that office is required to be attached		d any scholarship of the children
Declar i) ii)	TI ar N	ne particulars given above are true and belief. o child/dependent of mine is alreadholarship.	_	
Statio	n	:		
Date	:			
				Signature of applicant
				Designation

Certified that the entries under column 'C' and column 'E' are correct.	
Station:	
Date :	
Signature of the Head of	of Institution (With Seal)
Cast Verification Certificate from Cadre Controlling Authority for the employ claiming relaxation under reserved categories	
Certified that Sh/Smt Designation_	
belongs to category as per office records.	
Signature of the concerned Adr	nn./Staff Br.
Name:	
Designation:	

Note: Separate application may be submitted for each ward.

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APPLICATION FOR RENEWAL OF DEPARTMENTAL SCHOLARSHIP FOR THE ACADEMIC YEAR 2020-2021

(A) <u>D</u>	ETA	AILS OF APPLICANT (EMPLOYEE)
i)		Name (Sh/Smt.) :
ii)		Designation :
iii	.)	Office Address and Section :
		With Telephone No.
iv)	Residential Address :
v)		Whether belong to SC/ST/OBC :
vi)	Pay level as on 1st April 2019 (as per 7th CPC):
vii	i)	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 (4) of the circular is attached
vii	ii)	Whether the ward is entitled to any relaxation : (if yes, the details thereof)

(B) <u>I</u>	DETA	ILS OF WARD			
i)	Name of Student :			
i	i)	Father's Name :			
ii	ii)	Whether Son/Daughter:			
iv	v)	Date of Birth :			
V	•)	Name of Institution:		, A	
v	vi)	Name of the annual examination Passed in March/April along with the year	I:		
v	vii)	Percentage of marks secured (Please enclose attested mark sheet)	:		
v	riii)	Total duration of the course	<u></u>		
i	x)	Stream of Study (Tech/Non-Tech)	:		
Х)	Class to which promoted in the Year Mont	: h		
X	i)	Character & Conduct of the student	:		
х	.00 /	Whether the student is in receipt of any other scholarship or financial assistance through the Institution. (If so, the amount and details thereof)	!		- V - V
X		Remarks or recommendation of Head of the Institution	:		
				Signature	and seal

Of the Head of Institution

^{*} Attach self-attested mark sheet of the examination passed on the basis of which claim has been submitted and furnish relevant documents specifying the criteria / formula for conversion of the result into percentage format

Cast Verification Certificate from Cadre Controlling Authority for the employees claiming relaxation under reserved categories

Certified	that	Sh/Smt		Designation
belongs to	C	ategory as per	office records.	
			Signature	of the concerned Admn./Staff Br.
			Nam	e:
			Designation	n:

Note: Separate application may be submitted for each ward.

Verification from Administration for Scholarship Award for the Academic Year 2020-2021

1.	Name o	f the Employee :
2.	Designa	tion :
3.	Date of]	Joining in DoT :
4.		r employee of the DoT - : Yes/No the Academic Year 2020-2021
5.	Details o	of first two dependant children including twins as per service record:
	Sr. No.	Name of the ward(s)
	1.	
	2.	
	3.	
		Signature of the concerned Administration./Staff Br.
		Name:
		Designation:

MANDATE FORM

$\frac{\texttt{BENEFICIARY/CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-}{\texttt{PAYMENT}}$

1.	Beneficiary Name	:	
2.	Beneficiary Address	\$	
3.	Beneficiary Account No		
4.	Account Type		
	(Savings Bank / Current	÷)	
	With Code 10/11/13	7	
5.	Nine digit code number	of the:	
	Bank & branch. Appeari		
	the MICR Cheque issued		
	the bank (if available)	*	
6.	Bank Name	:	
7.	Branch name	:	
8.	Branch Address	:	
9.	Telephone no	:	
10.	IFSC (Indian Financial S		
11.		Cheque to confirm correctness of IFSC code and Accour	t
	no.:		
ī	hereby declare that the	particulars given above are correct and complete. If the	e
		ed at all for reasons of incompleteness or incorrectness of	
		I would not hold the user institution responsible.	
	0-1	r	
Dated :_		() Signature of the beneficiary/customer/applicar	
		Signature of the beneficiary/customer/applicar	ıt
C ::C:		1.1.1.1	
Certifica	tion that the particulars ful	rnished above is correct as per the records.	
Bank Sta	amp		
Dated:		()	
		() Signature of the authorized officia	1
		With Phone No. from the Bank	