

No. 05-03/2019-WL/G-II
Government of India
Ministry of Communications
Department of Telecommunications
Sanchar Bhavan, 20, Ashoka Road, New Delhi-110001
(Welfare/G-II Section)

Dated: 6th December, 2019

CIRCULAR

Subject: Award of Scholarship to the meritorious wards of DoT employees for the Academic year 2017-2018 and 2018-2019.

Applications are invited from the employees of DoT for award of Departmental Scholarship to their wards undergoing the following courses of study:

Sl. No.	Name of Course	Rate of Scholarship	Basic pay limit
1.	Technical Degree Courses- B.E./B.Tech./ Professional MBBS & other Medical Courses in Govt. recognized Colleges/ Institutions	Rs. 800/- per month	No limit
2.	Technical Diploma Courses in Engg./Arch. etc.	Rs. 500/- per month	-do-
3.	Non-Technical Courses- B.Sc./ B.Com./ B.A. etc.	Rs. 500/- per month	-do-
4.	All ITI Courses in ITI Institutes	Rs. 250/- per month	-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.

2. 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 or subsequent year of the course, the application may be submitted in **Proforma-II**.
- 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 dependant 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)

Contd...

- 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 performance. Pass out graduates and students of post graduation courses are not eligible for the scheme.

3. Employees claiming relaxation under SC/ST/OBC should also submit the relevant caste certificate issued either by their respective cadre controlling authority or other competent authority as defined for the purpose.

4. 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 Scholarship Award for the respective Academic Year in respect of the children from that office is required to be attached with application.

5. As the Scholarship is granted on the basis of the percentage of marks secured in qualifying examination, candidates who have been awarded results in formats other than percentage format, are requested to furnish relevant documents specifying the criteria / formula for conversion of their result into percentage format.

6. It is mandatory for applicants to furnish their Bank Details (Mandate Form enclosed) for making payments through ECS.

7. Please submit separate applications for the Academic Year 2017-2018 and 2018-2019 as per proformas attached.

8. The applications in the prescribed proforma (copy enclosed) from the eligible officers/ officials for grant of scholarship/ renewal of scholarship along with certificate of the Head of Institution and duly self-attested marks sheet of last annual examination may be sent to the Section Officer (Welfare /G-II Section), Mezz floor, Department of Telecommunications, Sanchar Bhavan, 20, Ashoka Road, New Delhi -110001 positively by 31/01/2020. The applications, which are incomplete in any respect or received after the last date, will not be entertained. Forms are also available at <http://dot.gov.in/circulars/general-section-dot>. For any clarification regarding Scholarship scheme, Welfare/G-II Section (Tele. No.011-23036464/6897) may be contacted.

Encl : As above.

Manoj
01/2/2019
(Nithal Ram)
Welfare Officer &
Under Secretary (T)
Tel. No. 2303-6300

To

1. Chairman, TSWB, DoT.
2. All Officers/ Sections of DoT HQ, New Delhi.
3. ADG (Admn.) TEC Khursheed Lal Bhavan, Janpath, New Delhi.
4. All DoT/VTM Cell, in Telecom Circles.
5. All Wireless Monitoring Organization, DoT.
6. Notice Boards in Sanchar Bhavan/ Dak Bhavan.

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Sanchar Bhavan, 20, Ashoka Road, New Delhi-110001.
(Welfare/G-II Section)

APPLICATION FOR FRESH DEPARTMENTAL SCHOLARSHIP
FOR THE ACADEMIC YEAR 2017-2018

(A) DETAILS OF APPLICANT(EMPLOYEE)

- 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 2017 (as per 7th CPC): _____
- vii) 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
- viii) Whether the ward is entitled to any relaxation : _____
(if yes, the details thereof)

(B) DETAILS 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 Diploma : _____
- iii) Total Duration : _____
- iv) Stream of Study (Tech/Non-Tech) : _____
- v) Stage at which studying : _____
- vi) Name of Institution : _____

- vii) State/University by which recognized/affiliated : _____

(D) Scholastic Record of the student commencing from Matriculation Examination before joining the course study undertaken by the student shall be supported by Photostatted copies of mark sheet/certificate duly self-attested.

	Name of the Examination	Year of Passing	Maximum Marks	Marks Obtained*	Percentage
i)	Matriculation/ Sr. Secondary				
ii)	Any other higher exam passed				
iii)	Minimum qualifying examination for the course undertaken				

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) Details of Assistance, if any received:

- i) Is the student exempted from payment of tuition fee ? : _____
- ii) If answer to (i) above is 'Yes' mention the amount exempted : _____
- iii) Is the student receiving any stipend or monetary assistance from any other source for this study? : _____
- iv) If answer to (iii) is 'Yes' : _____
 - 1) Amount : _____
 - 2) Source : _____

Note: In case the spouse of the applicant is employed in any DoT offices a certificate from the employer stating that he/she has not claimed any scholarship of the children from that office is required to be attached.

Declare that:

- i) The particulars given above are true and complete to the best of my knowledge and belief.
- ii) No child/dependent of mine is already in receipt of Technical/Non-Technical scholarship.

Station :

Date :

Signature of applicant

Designation _____

Certified that the entries under column 'C' and column 'E' are correct.

Station:

Date :

Signature of the Head of Institution
(With Seal)

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

Certified that Sh/Smt. _____ Designation _____
belongs to _____ category as per office records.

Signature of the concerned Admn./Staff Br.

Name: _____

Designation: _____

Note: Separate application may be submitted for each ward.

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

APPLICATION FOR RENEWAL OF DEPARTMENTAL SCHOLARSHIP FOR THE
ACADEMIC YEAR 2017-2018

(A) DETAILS 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 2017 (as per 7th CPC) : _____
- vii) 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
- viii) Whether the ward is entitled to any relaxation :
(if yes, the details thereof)

Signature of Applicant

(B) DETAILS OF WARD

- i) Name of Student : _____
- ii) Father's Name : _____
- iii) Whether Son/Daughter: _____
- iv) Date of Birth : _____
- v) Name of Institution: _____
- vi) Name of the annual examination Passed : _____
in March/April along with the year
- vii) Percentage of marks secured : _____
(Please enclose attested mark sheet)
- viii) Total duration of the course : _____
- ix) Stream of Study (Tech/Non-Tech) : _____
- x) Class to which promoted in the : _____
Year and in the Month
- xi) Character & Conduct of the student : _____
- xii) Whether the student is in receipt of any : _____
other scholarship or financial assistance
through the Institution.
(If so, the amount and details thereof)
- xiii) 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 _____ category as per office records.

Signature of the concerned Admn./Staff Br.

Name: _____

Designation: _____

Note: Separate application may be submitted for each ward.

**Verification from Administration for Scholarship Award for the
Academic Year 2017-2018**

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 2017-2018

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

<u>Sr. No.</u>	<u>Name of the ward(s)</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**

Government of India
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Department of Telecommunications
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(Welfare/G-II Section)

APPLICATION FOR FRESH DEPARTMENTAL SCHOLARSHIP
FOR THE ACADEMIC YEAR 2018-2019

(A) DETAILS OF APPLICANT(EMPLOYEE)

- 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 2018 (as per 7th CPC): _____
- vii) 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
- viii) Whether the ward is entitled to any relaxation : _____
(if yes, the details thereof)

(B) DETAILS 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 Diploma : _____
- iii) Total Duration : _____
- iv) Stream of Study (Tech/Non-Tech) : _____
- v) Stage at which studying : _____
- vi) Name of Institution : _____

- vii) State/University by which recognized/affiliated : _____

(D) Scholastic Record of the student commencing from Matriculation Examination before joining the course study undertaken by the student shall be supported by Photostatted copies of mark sheet/certificate duly self-attested.

	Name of the Examination	Year of Passing	Maximum Marks	Marks Obtained*	Percentage
i)	Matriculation/ Sr. Secondary				
ii)	Any other higher exam passed				
iii)	Minimum qualifying examination for the course undertaken				

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) Details of Assistance, if any received:

- i) Is the student exempted from payment of tuition fee ? : _____
- ii) If answer to (i) above is 'Yes' mention the amount exempted : _____
- iii) Is the student receiving any stipend or monetary assistance from any other source for this study? : _____
- iv) If answer to (iii) is 'Yes' : _____
 - 1) Amount : _____
 - 2) Source : _____

Note: In case the spouse of the applicant is employed in any DoT offices a certificate from the employer stating that he/she has not claimed any scholarship of the children from that office is required to be attached.

Declare that:

- i) The particulars given above are true and complete to the best of my knowledge and belief.
- ii) No child/dependent of mine is already in receipt of Technical/Non-Technical scholarship.

Station :

Date :

Signature of applicant

Designation_____

Contd....4

Certified that the entries under column 'C' and column 'E' are correct.

Station:

Date :

Signature of the Head of Institution
(With Seal)

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

Certified that Sh/Smt. _____ Designation _____
belongs to _____ category as per office records.

Signature of the concerned Admn./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 2018-2019

(A) DETAILS 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 2018 (as per 7th CPC) : _____
- vii) 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
- viii) Whether the ward is entitled to any relaxation :
(if yes, the details thereof)

Signature of Applicant

(B) DETAILS OF WARD

- i) Name of Student : _____
- ii) Father's Name : _____
- iii) Whether Son/Daughter: _____
- iv) Date of Birth : _____
- v) Name of Institution: _____
- vi) Name of the annual examination Passed : _____
in March/April along with the year
- vii) Percentage of marks secured : _____
(Please enclose attested mark sheet)
- viii) Total duration of the course : _____
- ix) Stream of Study (Tech/Non-Tech) : _____
- x) Class to which promoted in the : _____
Year and in the Month
- xi) Character & Conduct of the student : _____
- xii) Whether the student is in receipt of any : _____
other scholarship or financial assistance
through the Institution.
(If so, the amount and details thereof)
- xiii) 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 _____ category as per office records.

Signature of the concerned Admn./Staff Br.

Name: _____

Designation: _____

Note: Separate application may be submitted for each ward.

**Verification from Administration for Scholarship Award for the
Academic Year 2018-2019**

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 2018-2019

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

<u>Sr. No.</u>	<u>Name of the ward(s)</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**

