

**FORM OF THE APPLICATION FOR GENERAL EDUCATION ASSISTANCE FROM THE STAFF BENEFIT FUND.**

1. Name of the employee. -----
2. Designation-----
3. Station-----
4. Rate of Pay-----
5. Date of appointment-----
6. Name of the son /daughter-----
7. Class in which son/daughter studying-----
8. Name of school where studying-----
9. No. of children getting education-----
10. Whether the school is recognized by the Govt. (A certificate from the head of the Institution should be enclosed in original -----)
11. Whether the son/daughter for whom the benefit is sought receives any stipend or concession from any Institution. -----
12. Whether the applicant has applied for/intends to apply has been sanctioned& subsidy under Rules for reimbursement of tuition fee. -----

applicant Signature of

Certified that-----S/O /D/O-----  
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is bonafide student of this school. The school is recognized by the government.

Dare. ----- Signature of the Principal/Head master/  
Head Mistress  
(Seal of the school)

Memo No.-----  
Forwarded to Secretary, IRCA staff Benefit Fund committee, for disposal with items 01 to 06 duly verified.

official Signature along with  
incharge. seal of depot  
Designation. -----  
Station. -----