

**APPLICATION FOR ONE TIME SCHOLARSHIP TO THE CADETS OF KERALA DOMICILE
UNDERGONE TRAINING AT INDIAN ARMED FORCES ACADEMIES / NURSING SCHOOLS**

- (a) Name of Applicant:
- (b) Name of the Service selected (Army/Navy/Airforce):
- (c) Branch in which selected:
- (d) Type of entry:
- (e) Name of the Armed Force's Academy:
- (f) Course No:
- (g) Date of joining the Academy:
- (h) Duration of course: from to
- (i) Whether direct entry to the Armed Force's Academy (Yes/No):
- (j) If not a direct entry, then name of the Academy & Date of joining where Training conducted prior to joining the Armed Force's Academy:
- (k) Date of Commissioning:
- (l) Type of Commissioning:
- (m) Name of Father:
- (n) Name of Mother:
- (o) Home address with Pin code:
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- (p) Tele/mobile No:
& Email ID:
- (q) Bank Account details
Account Number:
IFS Code:
Bank & Branch:

Date:

Place:

Signature of Applicant

DECLARATION BY THE PARENT/GUARDIAN

I declare that the above details are true to the best of my information and knowledge.

Date:

Place:

Signature with name of the Parent/Guardian

SELF DECLARATION

I,(Number)(Rank)(Name)
S/o / D/o Shri/Smt(Name)
.....(Address)

was selected as a cadet directly to(Name of Academy) for training, and not as a service candidate. I was not in military service in any rank before joining to(Name of Academy) for training.

Date:
Place:

Signature of the applicant

Counter Signature

Office Seal

Commanding Officer

Documents required:-

- (a) Application (02 copies in original & ink signed).
- (b) Self Declaration counter signed by CO/ Adjt (02 copies in original & ink signed).
- (c) Domicile Certificate issued by the concerned Revenue authority (02 copies).
- (d) Copy of Training Certificate issued by the concerned Armed Force's Academy (02 copies attested by a Gazetted Officer). Duration of course to be mentioned in the application exactly as same mentioned in the Training Certificate on date-to-date basis.
- (e) Copy of Commissioning letter / Gazette Notification (02 copies attested by a Gazetted Officer).
- (f) Copy of bank pass book / Cancelled cheque leaf issued in the name of the applicant (Self attested - 03 copies).

Instructions:-

- (a) All required documents are to be submitted complete, clear and legible.
- (b) Name of the applicant and parents in the application should be exactly same as mentioned in the documents submitted along with the application. In case of any changes in name 'One and the Same certificate' from the concerned Revenue authority to be attached in 02 copies.
- (c) All photocopies of the documents are to be attested by a Gazetted Officer.
- (d) Address for sending application:-

**The Director
Directorate of Sainik Welfare
Vikas Bhavan, Thiruvananthapuram-695033
Contact No 0471-2303654**