Pre-Matric: (Classes from 1st Std to 10th Std)

2024 - 2025

Post-Matric: (11 th 12th Diploma, ITI, PUC, all degree courses,

Application No.:

Scholarship Category: Pre-Matric

(Give a no. based on your application

Post-Matric

GOVERNMENT OF INDIA



FOR EDUCATIONAL INSTITUTE USE ONLY (Students are not permitted to write in this part) Applicant Class:

all professional degrees, M.Phil & PhD, any other research fellowship Course.

MINISTRY OF LABOUR & EMPLOYMENT

APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR EDUCATION TO CHILDREN OF **BEEDI WORKERS**

submit Stud	epted:" Write the National Scholarship Portal (www.scholarships.gov.i ent Login ID :	<u>in</u>). Should be wr	te after final Institution Head Seal (Before issuing empty application Your institute seal and issue to the student concern)								
		art – I (To l	be filled by the	annlica	nt)						
Note		p in "National Scl	holarship Portal" thr	ough online	e (<u>www.scholar</u> :	ships.gov	v.in) fill the concerned column care				
	Bank A/c No. of the Student :										
(P	lease mention Full Digit A/c No, if not available contact bank for the same) Bank Details:	C No. of the Bank Na			me of the Bank & Branch Address						
(If not a	Student's 12 digit UIDAI (Aadhaar) No.: available Enrollment 14 digit no., date & time to be mentioned) Name as per in Aadhaar Card:				I						
	Contact Details:).: E			E-mail Id (Ifany available)						
	Communication Address of the Students										
(block/	Communication Address of the Student: only your home address starting from house no, Street name, area Vg/Town/City) ,taluk name district name & Pin Code) (no need to write ame once again and S/o, D/o)										
	DENT DETAILS:		1								
1.	Name of the Student (in Block Letters)										
2.	Gender: (State: Male, Female, Others)										
3.	Date of Birth: [in DD/MM/YYYY format]										
3.	Religion (State: Hindu, Muslim, Christian, Parsi, Jain, Sikh & If "Others" please specify which religion)	Others)									
4.	Community of the Applicant (State which category to) whether SC / ST / OBC / GENERAL										
5.	Whether applicant is PWD [Person With Disability] (State: Yes or No) (If "Yes" please mention the Percentage of										
6.	Name of the Educational Institute that applicant Studying (Write name of the School or College or University)	ame of the Educational Institute that applicant presently				EINSTEIN COLLEGE OF ENGINEERING Sir.C.V.Raman Nagar Seethaparpanallur, Tirunelveli – 627 01.					
7.	Present Class Studying: (If ITI, Diploma & College students applying mention which course studying)	Year	Class / Degree			Std/Course					
STU	DENT FAMILY DETAILS & INCOME PARTICUL	LARS OF TI	HE FAMILY:								
8.	Total No. of Children in the Family (in words)										
9.	Who is the BEEDI Worker in your family (State: Guardian) (If Both please mention both father & mother)										
10.	BEEDI Worker ID Card or Employment Card No (A photocopy of ID card must enclose in that depend detail column of sturelationship should clearly visible)										
11.	ID Card issued by whom (Please mention the name of & place)										
12.	Name of the Parent / Guardian Relations Student	ship with	Occupation			Income	e Per Month				
	Total No. of narrows			1							
	Total No. of person: CLARATION: We hereby state on oath / solem			filled pa							
state	enclosed the necessary supportive documents for ement being found incorrect, we hereby undertal istry of Labour & Employment.										

$\underline{Part-II} \text{ (To be filled by the Employer only)}$ $\underline{CERTIFICATE \text{ OF THE OWNER/ MANAGER/ CONTRACTOR/ AGENT FOR THE BEEDI WORKERS}}$

Note:	Following certificate from the company management or Manager of the firm or Contractor or Agent is to provide particulars about the Beedi worker who employed by them for authentication of receiving BEEDI Scholarship . The details provided by them are mandatory for scholarship in "National Scholarship Portal" through online (www.scholarships.gov.in) towards verification purpose at institute level.												
						_		Owner	of the f	irm M/s			
hereby		ify the follo		Contractor			anager <u> </u>		or the r		-		
,		•	Č						who is	a regular ei	mplovee of	this Reedi	
	1.				who is a regular employee of this Beedi and he/she has completed more than 6(six) months continuous service and his								
			No. is in the register/records maintained in the ledger by the company establishment, It is certified										
		that incom	e particulars o	of the said em	ployee are in	ncludir	ng all allo	wances and	perquisite	s allowed b	y this estab	lishment, but	
	exclusive of bonus. Details are as mentioned below:-												
	2. Workers Particulars :-												
	Issued by Medical Officer LW			VO Issued by Management			gement		Salary P	articulars	ars		
	Work	ker's ID Car	d Date o	f Issue	Beedi Roll		Employ	ee Date	PF Acco	unt No.:	Salary I	Paid per	
	No.				Passbook N	No.;	of Join				Month		
	2	A a man aum	a antification	os montioned	ahaya Chui	/ Cont			ia aliai	hla ana haa	ad an aliaih	ilitry amitamia aa	
	3.	_	eme provided						_		_	ility criteria as holarship	
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		_	~	,			_	•		•		s copy with original.	
				 Part – III	(To be fill	 ed b v	the Hea	d of the I	 nstitution				
Note:			ant section for Ver	ification level, Hea	d of Institution ar	•				,	then validate the	student application	
	ID th	rough institute lo	gin through the we	ebsite <u>www.schola</u>	rships.gov.in								
												No.:	
of our S	Schoo	ol / College /	University ha	s applied for	BEEDI work	er child	dren Scho	larship for t	he academ	nic year		So as per th	
scholar	ship s	scheme, info	rmation provi	ded by the ap	oplicant in <u>Pa</u>	<u>art-1</u> &	the pare	nt (worker)	particulars	provided by	y the manag	gement in Part -	
			essary docum	•									
			nd application mus tion without enclos									erated application	
-			therwise "X" Mar		ina msilale wii n	iot proces	is ioi sanctioi	וווו עופוו וט ווווע	ugn mstitute io	giii tiiiougii tile	website <u>www.sc</u>	noiarsnips.gov.inj	
1.			Yellow ID car		Medical Officer of	BWWF D	Dispensary in	Tamil Nadu sta	te (Verify the stu	dent name in depe	endent details and	date of issue)	
2.			Rollers - Wor										
². ∟ −			tly working , if not me					e contractor sign i	i the last entry pa	ige & date must be	e latest also verify	the worker date of	
3.	_		eipt slip lates										
4			cate of the Fa ged or countersigned			last year ce	ertificate copy a	ılso eligible – If it i	s not available se	If declaration of st	tudent & parent are	e acceptable which	
5.			Xerox Copy of the						omitted by the	student or instru	ct the student to	apply correctly	
e Г	_		submit this applica	_			-						
6			Pass Book of e full digit account						nerated applica	ation form subm	itted by the stud	ent or unclear	
7. M			ne student in 1	-				сору.					
		•	12th Mark list copy					s mentioned in	the academic o	letails column ir	n online applicati	on)	
Rest of s	studei	nts below tab	e may fill by th	e in charge an	d get acknowl	ledge fr	om the He	ad of Institut	ion.				
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& Class Subject							1			<u> </u>	Marks	Marks or CGPA	
Marks												or carre	
"It is so	ntifio	d that the is	formation fu	maiched by th	na etudant ir	Dant	1 and no	rant dataile	in the Part	2 column	ana vanifia	with the above	
			ts ,enclosed v										
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I			in charge of tl	nis BEEDI scho	 larship has bo	een veri	ified this a	pplication a	nd recomme	md above to	HM / Princi	pal for necessar	
action.			~	(Remarks of				Ī				·	
Verifier	Siona	ture:		(/								
	_	designation show	ld mention)										
Date:			(Remarks	of Head of Institu	tion to be mention	n)							
Place:									Signatur	e of the He	ead of the	Institution	

(With Designation & Seal of the Institution)