

**PROFORMA**

**Application for one time Cash Award for Board Examination-2009**

**(THROUGH ADVISORY COMMITTEE OF THE  
COMMISSIONERATE/DIRECTORATE)**

(Tick  in appropriate box where applicable)

1. Commissionerate/Directorate :

2. Name of the Employee (parent) :


3. Grade Pay Drawn : Grade Pay upto   
Rs.1,800/- : Grade Pay Above   
Rs.1,800/-

4. Designation :

5. Place of Posting :

6. Category : General  SC   
: ST  OBC

Whether attested copy of certificate from the  
Competent Authority in case of SC/ST/OBC is enclosed. Yes  No

7. Name of child (Ward) :


8. Gender of child : Boy  Girl

9. Whether child is Physically Handicapped : Yes  No

If yes, whether attested copy of certificate  
from the Competent Authority is enclosed :  
as per conditions laid down in the Scheme Yes  No

10. Board Exam. 10<sup>th</sup> / 12<sup>th</sup> : 10<sup>th</sup>  12<sup>th</sup>

11. Year of Board Exam. : 2009

12. Stream in case of class 12<sup>th</sup> Exam. :  
[Science/Commerce with Maths / Others] (i) Science   
(ii) Commerce with Maths   
(iii) Others

13. Marks obtained :
14. Total Marks :
15. Percentage of marks :
16. Copy of Mark sheet attached : Yes  No

Signature of the applicant

Date

Name of the applicant

Designation

**Note-1:** Eligibility will be decided by taking percentage of aggregate of marks secured in all subjects, including additional/optional subjects mentioned in the mark sheet.

**Note-2:** Conditions for availing benefits for physically challenged (Handicapped) children.

The benefit under the Scheme shall be applicable subject to the fulfillment of the following conditions besides minimum percentage as prescribed in the Table-II in the Cash Award Scheme-2009.

1. The benefit shall be applicable to the following three categories of disabilities:
  - (i) Blindness or low vision;
  - (ii) Hearing impairment and
  - (iii) Locomotor disability or cerebral palsy (includes all cases of orthopaedically handicapped persons)
2. The benefit shall be admissible for disability of 40% or above.
3. An attested copy of certificate of disability issued by State / Central Govt. Hospital or a competent authority as per reservation for physically handicapped persons shall be enclosed by the applicant along with the application for Cash Award.

**Check list for the Commissionerate / Directorate:**

1. Whether recommended of the Advisory Committee attached: Yes/No
2. Whether send by speed post / Registered post: Yes/No

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