

Ministry of Home Affairs  
Directorate General, Sashastra Seema Bal

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No.35/SSB/Wel/Sec.Edn/2017-18/ 1519

Dated 30th May 2018.

**Circular**

Sub: **Financial assistance for Secondary Education for the year 2017-18.**

Applications for financial assistance for Secondary Education out of Central Welfare Fund are invited from the eligible wards of SSB personnel **upto Inspector/equivalent rank (SOs & ORs)** passed 10<sup>th</sup> or 12<sup>th</sup> for the year 2017-18 from a recognized board.

2. Application in prescribed format (copy enclosed) duly verified by the Head of Office, supported with self attested **copy** of original marks sheet of 10<sup>th</sup> /12<sup>th</sup>, be scrutinized thoroughly with reference to the records and Frontier wise consolidated Board Proceedings be sent to this office on or **before 20<sup>th</sup> July 2018.**

3. Adequate copies of this form be got prepared and made available to all concerned and wide publicity be made down to BOP levels immediately through all quickest and possible means such as Roll Call, Sainik Sammelan, displaying on the Notice Board etc.

4. Applicants may view this circular and download the form available with the Sashastra Seema Bal website, Tab-Welfare activities, Sub-head-Welfare Scheme> "Financial Assistance for Higher/Secondary Education" >"Secondary Education".

5. Besides these, soft copy in ms excel be sent through email ID [financialassistanceccwf@gmail.com](mailto:financialassistanceccwf@gmail.com) in the following format **before 20<sup>th</sup> July 2018:-**

SL No	Name of ward	Father's/ Mother's name (Employee)	UID No.	Rank	Name of Frontier HQ	Name of Unit	Class passed	Salary Account No.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Encl: As above.

*[Signature]*  
22.5.18 f.  
Assistant Director (Wel)

**Distribution:-**

1. All Frontier Hqrs & SSB Academy Bhopal.
2. All Sector Hqrs.
3. The DIsG (Medical), CH Gorakhpur, Purnia & Salonibari.
4. All Training Centres & CSD&W.
5. All Bns.
6. All AOs.

**Internal:-**

1. All Assistant Director(s)/All Commandants/The JDD(Fin)/The Executive Engineer/The Accounts Officers, FHQ for information to the personnel posted with your Branch and direct them to forward applications (if any) of their wards through AD (Admn), Head of Office, FHQ please.
2. The Assistant Director (Admn), FHQ with the request to consolidate applications of wards of SSB personnel posted with FHQ and forward the same with board proceeding in due date and time please.
3. The Assistant Director (CC), FHQ with the request to upload this letter and its enclosure in the website of SSB, Tab-Welfare activities, Sub-head-Welfare Scheme, "Financial Assistance for Higher/Secondary Education" >"Secondary Education" please.
4. Notice board.

**APPLICATION FOR FINANCIAL ASSISTANCE FOR SECONDARY  
EDUCATION(10<sup>TH</sup> /12<sup>TH</sup>) FOR THE YEAR 2017-18**

1. Name of ward (IN BLOCK LETTER)..... : \_\_\_\_\_
2. Date of birth .....: \_\_\_\_\_
3. Exam. passed (copy of original marks sheet to be attached) : \_\_\_\_\_
4. Name of Board & Academic year in which passed. : \_\_\_\_\_
5. UID No., Rank & Name of applicant (Employee) : \_\_\_\_\_
6. Mobile Number of applicant(Employee) : \_\_\_\_\_
7. Name of Frontier HQ..... : \_\_\_\_\_
8. Name of Unit presently posted/Branch(in case of FHQ)... : \_\_\_\_\_

9. 

Salary A/C No.												
(IN WORDS)												

10. If on deputation, furnish the details of subscription deposited towards CWF:-

Sl No	DD/Cheque No. & date	Period of subscription	Amount deposited	Subscription cleared up to

11. Name of all children in order to seniority and their date of birth:-

S/No	Name of Child.	Relation	Date of Birth.
1			
2			
3			
4			

12. Name of children already availed/availing financial assistance for Secondary/Higher education out of Central Welfare Fund:-

Sl No.	Name	Name of Course/program.	Academic year.	Amount received.
1				
2				
3				
4				

13. Certified that I have not claimed financial assistance for Secondary/Higher education out of Central Welfare Fund for more than 2(Two) children.

\_\_\_\_\_  
Signature of the ward

\_\_\_\_\_  
Signature of applicant(SSB employee)  
Rank \_\_\_\_\_  
Name \_\_\_\_\_

Certified that the name of the ward verified from the service records of the applicant and particulars furnished by him are correct.

Place:  
Date:

Signature of the Head of Office  
(Stamp)