Salary Computer No: _____

New Employee Code_____

Year / Session _____

The Director (Concerned)

_____

_____

Sub: **APPLICATION FORM FOR AWARD OF EDUCATIONAL STIPEND TO PARC EMPLOYEES' CHILDREN OUT OF PARC WELFARE FUND**

Particulars of Employee:

1) Name:
2) Designation with SPS/BPS:
3) Place of Posting Department/Institute
4) Are you Welfare Fund subscriber (tick one): Yes ☐ No ☐

Particulars of Student:

	STUDENT 1	STUDENT 2
1) Name of Student:		
2) Class:		
3) Marks obtained		
4) Total Marks		
5) Percentage:		
6) Year of passing the examination		
7) Name of School/College/ University		

Webmaster MIS
Webmaster (MIS)
21 October 2026 11:33:37 AM

_____

Signature of Employee

Date: _____

Note: Please attach attested copies of:

a) Result Card(s)
b) Pay Slip (for last month)