No. 05-02/2019-WL/G-II Government of India Ministry of Communications Department of Telecommunications Sanchar Bhavan, 20, Ashoka Road, New Delhi-110001 (WL/G-II Section)

Dated: 6 December, 2019

CIRCULAR

Subject: Grant of Book Award to meritorious school going children of the employees of DoT for the Academic Year 2017-2018 and 2018-2019.

Applications are invited from employees of DoT for Book Award to meritorious school going children on the basis of marks secured in the annual examination for the Academic Year 2017-2018 and 2018-2019. The details of the Book Award are as given below:

Sr.No.	Class	Rate of Book Award
1.	Students of Class II to V on the basis of marks secured in Class I to IV annual exams.	Rs. 1,500/- per annum
2.	Students of Class VI to VIII on the basis of marks secured in Class V to VII annual exams.	Rs. 2,200/- per annum
3.	Students of Class IX to XII on the basis of marks secured in Class VIII to XI annual exams.	Rs. 3,000/- per annum

- 2. To become eligible for the award, the children should have secured at least 75% of marks in the respective annual examination of Class I to XI in a Government Recognized school. The minimum prescribed percentage is relaxable by 10% in case of children belonging to SC/ST/OBC categories and Gr- 'D' employees and 15% for girl students. However, both the relaxations cannot be combined i.e. the relaxation in minimum prescribed marks for a girl student belonging to SC/ST/OBC category would be limited to 15% only.
- 3. Employees drawing Pay upto the Level 13 of Pay Matrix as per 07th Central Pay Commission (Rs. 8,700/- GP as per 6th CPC) upto the level of Director as on 01st April of respective academic year are eligible to apply for Book Award for maximum of first two dependant children including twins and should be an employee of DoT in the respective academic year. This may be duly verified/endorsed by the applicant through their respective administration. (As per performa enclosed)

- 4. Employees claiming relaxation under reserved categories i.e. SC/ST/OBC should submit their application with copies of certificate from concerned cadre controlling authority or caste certificate issued by the competent authority.
- 5. In case the spouse of the applicant is employed in any DoT office, a certificate from the employer stating that he / she has not claimed any Book Award for the respective academic year in respect of the children from that office, is required to be attached with application.
- 6. As the Book Award is granted on the basis of the percentage of marks secured in qualifying examination, candidates who have been awarded results in formats other than percentage format, are requested to furnish relevant documents specifying the criteria / formula for conversion of their result into percentage format.
- 7. It is mandatory for applicants to furnish their Bank Details (Mandate Form enclosed) for making payments through ECS.
- 8. <u>Please submit separate applications for the Academic Year 2017-2018 and 2018-2019 as per proformas attached.</u>
- 9. Application in the prescribed proforma (copy enclosed) along with duly self-attested copy of the mark-sheet/report card may be sent to the Section Officer (Welfare/G-II Section), Mezz. floor, DoT, Sanchar Bhavan, 20, Ashoka Road, New Delhi positively by 31/01/2020. Grading system applicable in any school should be clearly mentioned in relation to the marks obtained by the student to help in processing the application. The applications, which are incomplete in any respect or received after the last date, will not be entertained. Forms are also available at http://dot.gov.in/circulars/general-section-dot. For any clarification Section Officer, Welfare/G-II Section, (Tele. No. 011- 23036464/6897) may be contacted.

Encl: As above.

(Nithali Ram) Welfare Officer & Under Secretary (T) Tel.No. 23036300 / 6464

Copy to:

- 1. Chairperson Telecom Staff Welfare Board, DoT (HQ).
- 2. All Officers/Sections of DoT.
- 3. All Telecom Engineering Centre. All the applications should be sent in one lot.
- 4. All DoT cells in Telecom Circles.
- 5. Dir.(WM), E-Wing, 3rd Floor, Madangir Road, Pushap Bhavan, New Delhi-110062.
- 6. Notice Boards of Sanchar Bhavan/Dak Bhavan.

APPLICATION PROFORMA FOR GRANT OF BOOK AWARD TO MERITORIOUS SCHOOL GOING CHILDREN FOR THE ACADEMIC YEAR 2017-2018

A.		DETAILS OF APPLICANT (EMPLO	DYEE)
	4	N. Cl. (C.)	
	1.	Name: Sh. /Smt.	:
	2.	Designation	:
	3.	Official Address with	\$
		Section & Ph.No.	
	4.	Residential address:	:
	5.6.	Whether belongs to SC/ST/OBC (copies of certificate from cadre coor caste certificate issued by compto be attach) Pay level as on 1st April 2017 (as presented to the second control of the second co	ontrolling authority etent authority
	7.	If spouse is employed in the Depart	ertment of Telecom. : Yes / No
		i) If yes, Pay level of the spouse Official address	and his / her :
		ii) If yes, a certificate from the of para (5) of the circular is attached	fice of the spouse as per : Yes / No
	8.	Whether the ward is entitled to ar	y relaxation :
		(if yes, the details thereof)	
B.		DETAILS OF STUDENTS:	
	1.	Name	•
	2.	Relationship	:
	3.	Date of Birth	:
	4.	Class in which student is studying	:
	5.	Name of School	:
	6.	Marks obtained in the previous cla On the basis of which applied for Grant of award	ass :
		(please attach self-attested copy of	
			pecifying the criteria / formula for
		conversion of the result into perce	ntage format)
т "1.	.1	- 11-1	
1 ae		e that	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 1		The particulars given above are true a	nd complete to the best of my knowledge and
beli	et.		
			Signature of the applicants
			Signature of the applicant:
			Name:
			Designation:
			Section: Tel. No

ol is recognized by
Signature of the Head of school With rubber stamp
d.
Authority for the employees categories
Designation

(Signature & Seal of Head of Office)

<u>Verification from Administration for the Book Award for the Academic Year 2017-2018</u>

1.	Name o	f the Employee	:			
2.	Designa	ition	:			
3.	Date of	Joining in DoT	:			
4.		r employee of the DoT - he Academic Year 2017-18	:	Yes / No		
5.	Details o	of first two dependant child	lren in	cluding twins a	s per service	record:
	Sr. No.		Nam	e of the ward(s)	1	
	1.					
	2.					
	3.	A C A SERVICE AND THE				+
		Sign	ature o	of the concerne	d Administr	ation./Staff Br.
				Name:		
			Des	signation:		

MANDATE FORM

$\frac{\texttt{BENEFICIARY} \, / \, \texttt{CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-}{\texttt{PAYMENT}}$

1		Beneficiary Name	: "
2	2.	Beneficiary Address	:
	3.	Beneficiary Account No	:
4	ł.	Account Type	:
		(Savings Bank / Current)	
		With Code 10/11/13	
5	5.	Nine digit code number o	
		Bank & branch. Appearin	
		the MICR Cheque issued	by
		the bank (if available)	
	5.	Bank Name	4
	7.	Branch name	:
8	3.	Branch Address	:
			4
	9.	Telephone no	:
	10.	IFSC (Indian Financial Se	
	11.		Cheque to confirm correctness of IFSC code and Account
		no.:	
	÷	1 1 1 1 1 1 1 1 1 1 1	auticulars given shows are correct and complete. If the
100	1,	hereby, declare that the p	particulars given above are correct and complete. If the
tran	sactio	on is delayed or not effected	d at all for reasons of incompleteness or incorrectness of
into	rmati	on given by me as above. I	would not hold the user institution responsible.
Date	od·		(
Dan	eu		() Signature of the beneficiary/customer/applicant
			organism of the control of the contr
Cer	tificat	ion that the particulars furi	nished above is correct as per the records.
CCI	ciii con c	1	1
Ban	ık Sta	mp	
		857	
Dat	ted : _		
			Signature of the authorized official
			With Phone No. from the Bank

APPLICATION PROFORMA FOR GRANT OF BOOK AWARD TO MERITORIOUS SCHOOL GOING CHILDREN FOR THE ACADEMIC YEAR 2018-2019

A	•	DETAILS OF APPLICANT (EMPLOY	YEE)			
	1.	Name: Sh. /Smt.				
				:		
	2.	Designation		:		
	3.	Official Address with		:		
		Section & Ph.No.				
	4.	Residential address:		:		
	5.	Whether belongs to SC/ST/OBC ca	ategory	:		
		(copies of certificate from cadre cor	ntrolling authority			
		or caste certificate issued by compe				
		to be attach)	j			
	6.	Pay level as on 1st April 2018 (as pe	r 7th CPC)			
	7.	If spouse is employed in the Depar			Yes / No	
		is spouse is employed in the Bepar	inent of refecont.	•	1657140	
		i) If yes, Pay level of the spouse at	nd his / her			
		Official address	, 1101	•		
		::) I((C .1			
		ii) If yes, a certificate from the office	ce of the spouse as	per :	Yes / No	
		para (5) of the circular is attached				
	M20	and the state of the state of				
	8.	Whether the ward is entitled to any	relaxation	:		
		(if yes, the details thereof)				
B.		DETAILS OF STUDENTS:				
		#15				
	1.	Name		:		
	2.	Relationship		:		
	3.	Date of Birth		:		
	4.	Class in which student is studying		:		
	5.	Name of School		:		
				1078		
	6.	Marks obtained in the previous class	S			
		On the basis of which applied for		•		
		Grant of award				
		(please attach self-attested copy of M	Nark chaot /ranget	and		
					1- f	
		and furnish relevant documents spe		/ IOIIII	iuia for	
		conversion of the result into percent	age format)			
14	201011	that				
1 ue			1 1			_
1 1		The particulars given above are true and	d complete to the b	est of n	ny knowledge and	1
bel	ief.					
		S	signature of the app	olicant:		• • •
			Jame:			
		I	Designation:			
			Section:			

Certified that the entries under 'B' are correct and the school is recognized by					
······································					
Signature of the Head of school With rubber stamp					
Note: Separate application may be submitted for each ward.					
Cast Verification Certificate from Cadre Controlling Authority for the employees claiming relaxation under reserved categories					
Certified that the Sh/Smt Designation belongs to category as per office records.					

(Signature & Seal of Head of Office)

<u>Verification from Administration for the Book Award for the Academic Year 2018-2019</u>

1.	Name o	of the Employee	:			
2.	Designa	ation	:			
3.	Date of	Joining in DoT	:			
4.		r employee of the DoT - the Academic Year 2018-19	:	Yes / No		
5.	Details o	of first two dependant childre	en inc	luding twins as per	service record:	
	Sr. No.		Name	of the ward(s)		
	1.					
	2.					
	3.				and the latest	
					-	
		Signa	ture o	f the concerned Ad	ministration./Staf	f Br.
				Name:		
			Des	ignation:		-

MANDATE FORM

$\frac{\texttt{BENEFICIARY} \, / \, \texttt{CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-}{\texttt{PAYMENT}}$

1.	Beneficiary Name	:		
2.	Beneficiary Address	:		
3.	Beneficiary Account No	:		
4.	Account Type	:		
	(Savings Bank / Current)			
	With Code 10/11/13			
5.	Nine digit code number o			
	Bank & branch. Appearin			
	the MICR Cheque issued	by	e e	
6.	the bank (if available) Bank Name			
7.	Branch name	•		
8.	Branch Address	:		
		•		
~				
9.	Telephone no	:		
10.	IFSC (Indian Financial Se		anneath and of IECC and o	and Assaumt
11.	Photo copy of cancelled C	Lneque to confirm c	orrectness of 1F5C code	and Account
	no.:			
1991				
I,	hereby, declare that the p	articulars given ab	ove are correct and co	mplete. If the
	on is delayed or not effected			
informati	on given by me as above. I	would not hold the	user institution respon	sible.
Dated :		(_)
		Signature of	f the beneficiary/custor	ner/applicant
Certificat	ion that the particulars furr	nished above is corr	ect as per the records.	
Bank Sta	mn			
Dalik Sta	шр		×	
Dated : _)
			Signature of the author	