

MARSHAL OF THE AIR FORCE & MRS. ARJAN SINGH TRUST
AIR FORCE STATION, RACE COURSE, NEW DELHI-110003
“APPLICATION FOR SPONSORING FEE FOR SPECIAL CHILD

PART- I

(To be Filled by the Student in Block Letters)

1. Name of the Candidate
2. Name & Address of the Vocational Centre/ Special School / Training Centre in which availing Training.....
3. Disability percentage:Basic Pay of applicant.....

Date:

Signature of Candidate

PART- II

To be Filled by the Father of the Student in Block Letters

4. Particulars of the Father
 - (a) Service No.....AFALM No(For Veterans).....(b) Rank.....
 - (c) Name..... (d) Trade.....
 - (e) Date of Enrolment.....(f) Date of Retirement.....
 - (g) Address for Correspondence.....
.....
.....Pin.....
 - (h) Present Unit:.....(j) Mobile No/AF Net
 - (k) Email :.....
 - (l) Account Details: A/C No:..... IFSC.....
(Attach a cancelled cheque leaf)
5. Whether applied for scholarship **from IAFBA or any other source** –Yes/No if yes, give details.....
6. Attach photo copy of Latest Salary Slip (IAFF (F) 1523). & Cancelled Cheque of bank Account (Applicable for Air Warrior)
7. Attach Copy of PPO & Copy of last two year of bank Account statement of pension account (Applicable for Air Veteran)
8. Attach Copy of Dependent Card

9. Attach fee structure from the college/institution.
10. Certified that the particulars given in part I and II of the application are correct and any false statement made by me will disqualify the application for the scholarship.

Note: - Kindly ensure that scholarships from different sources are not being asked for the same course. All certificates asked above should be attached with this form.)

Date

Signature of Air Warrior/ Air Veteran

PART-III

(TO BE FILLED BY THE HEAD OF THE INSTITUTION IN WHICH ADMISSION HAS BEEN OBTAINED)

11. Certified that the particulars, stated in the part I in respect of Mr/Ms.....S/D/o..... who is availing the treatment/ training from our Vocational Centre/ Special School, Training Centre / Treatment Centre are correct.

12. A copy of the Disability Certificate duly attested by me is enclosed.

13. Name & Address of the Institution/ Training Centre/ Treatment Centre
.....

14. This Vocational Centre / Special School/ Institution has the approval of
(Reg No.)

Signature of Head of the Institution

Date:

(Seal/ Rubber stamp)

PART-IV

(Recommendations of AOC/Station Commander/CO/Secretary of AFA)

Signature

Date:

(Seal/Rubber stamp)