

**ANDHRA BANK**  
(A Govt.of India Undertaking)  
Head Office :: Hyderabad

**Application for Educational Grant to the Children of  
Employees Who Die in Harness under Staff Welfare Scheme**  
(Scheme No.12)

From  
Mr/Mrs \_\_\_\_\_  
W/o H/o Late \_\_\_\_\_  
Code No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To  
The Zonal Manager,  
Andhra Bank,  
Zonal Office,  
\_\_\_\_\_

Dear Sir,

Reg: Educational Grant to the Children of Employees of  
Late Mr/Mrs \_\_\_\_\_ Code No. \_\_\_\_\_  
\_\_\_\_\_ Branch, Expired on \_\_\_\_\_

Ref: HO Cir.No.374/20/84 dt.01.12.2003.

\* \* \*

In response to Head Office Circular No.374/20/84 dt.01.12.2003 I submit here below the required information together with attested copies of certificates for consideration of Sanction of Educational Grant to my Children under the Staff Welfare Scheme for the academic Year \_\_\_\_\_. I furnish hereunder the details of my husband / wife who died while in service.

1. Name of the Deceased Employee : \_\_\_\_\_
2. Code No. \_\_\_\_\_ Grade : \_\_\_\_\_
3. Name of the Branch/ Department : \_\_\_\_\_
4. Date of Joining : \_\_\_\_\_
5. Date of Birth : \_\_\_\_\_
6. Date of Death : \_\_\_\_\_
7. Particulars of the Children

Name of the Ward	Date of Birth	Class Studying During this Academic Year
1.		
2		

I enclose herewith the following:

- (1) Attested copy of bonafide certificate issued by the School/ College Authorities certifying that the child is studying the class during this academic year.
- (2) Attested copies of pass certificate of the previous class.

**DECLARATION**

I have gone through the contents of the Scheme No.12 “Educational Grant to the Children of Employees who Die in Harness” circulated through your Head Office Cir.No.374/20/84 dt.01.12.2003. I hereby declare that the information furnished in this application is true and correct to the best of my knowledge and behalf.

I further declare that

- (i) No one in the family of the deceased is given appointment in Andhra Bank
- (ii) No family member is employed in any other Organisation.

I undertake to repay the amount of Educational Grant sanctioned to me, if the claim found to be false at any stage.

Place :  
Date :

Signature of the Spouse of  
the Deceased Employee

**Recommendations of Branch Manager**

I hereby certify that the applicant is known to me/ Constituent to our Branch and She/he is a wife/husband of \_\_\_\_\_ who was our employee.

I hereby certify that the applicant is a W/o / H/o of Late \_\_\_\_\_ Code No. \_\_\_\_\_ and his/ her children studying the above classes. He/She is drawing his/her monthly pension from our branch and his/ her pension A/c No. is \_\_\_\_\_.

Application is forwarded for consideration and sanction of educational grant to the children of the deceased employee for the academic year \_\_\_\_\_

Branch Manager / Chief Manager  
Branch Seal

**For Office Use at Zonal Office**

The application is in conformity with the guidelines issued by Head Office. Hence recommended for sanction of Rs. \_\_\_\_\_ + \_\_\_\_\_ towards educational grant for one / two children of Late Mr/ Mrs \_\_\_\_\_

Date

Sanctioning Authority