

**OFFICE OF THE NAGALAND BUILDING AND OTHER CONSTRUCTION
WORKERS' WELFARE BOARD
DIRECTORATE OF LABOUR
NAGALAND :: KOHIMA**

**APPLICATION FOR THE CHILDREN SCHOLARSHIP
UNDER NBOCW WELFARE BOARD, RULE 272**

1. TO BE FILLED IN BY THE MEMBER

A) NAME OF THE MEMBER UNDER :
NBOCW WELFARE BOARD :

B) MEMBERSHIP REGISTRATION NO :

C) CONTACT NO. :

D) ADDRESS :
:

E) NAME OF THE STUDENT :

F) WHETHER SON OR DAUGHTER :

G) NAME AND PLACE OF THE :
SCHOOL/INSTITUTION :

H) DATE OF BIRTH OF STUDENT :

I) STD/CLASS :

J) ACADEMIC YEAR :

K) I HEREBY DECLARE THAT I AM FULLY MADE TO UNDERSTAND THAT THE SCHOLARSHIP BENEFIT UNDER NBOCW WELFARE BOARD IS RESTRICTED TO ONE CHILD OF A FAMILY AND IS PAYABLE TO THE STUDENTS STUDYING IN NURSERY TO STANDARD X.

I HEREBY DECLARE THAT MY CHILD HAS NOT FAILED IN THE LAST ACADEMIC YEAR.

.....
(SIGNATURE OF THE MEMBER)

2. TO BE FILLED IN BY THE HEAD OF SCHOOL/ISTITUTION

CERTIFIED THAT THE ABOVE PARTICULARS OF THE CHILD ARE TRUE AND CORRECT AS PER SCHOOL/INSTITUTIONS RECORDS

(COUNTER SIGNED BY THE HEAD OF THE SCHOOL / INSTITUTION WITH NAME AMD SEAL)

3. TO BE FILLED IN BY THE REGISTERING OFFICER

1. NAME AND DESIGNATION OF THE :
REGISTERING OFFICER

2. ADDRESS :

3. DATE OF REGISTRATION OF THE :
REGISTERED BENEFICIARY

4. DATE OF NEXT RENEWAL OF THE :
REGISTERED BENEFICIARY

I HEREBY UNDERTAKE TO PASS ON THE BENEFIT OF CHILDREN SCHOLARSHIP AVAILABLE UNDER THE NBOCW WELFARE BOARD, RULE 272, TO THE ABOVE NAMED BENEFICIARY.

**SIGNATURE AND SEAL
OF THE REGISTERING OFFICER**