

Ref: SSI/219/Accts

11 Jul 2023

To

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SUBMISSION OF DOCUMENTS

1. The following documents of the parents of (i) Serving Defence Personnel up to the rank of JCO and (ii) Ex-Servicemen whose rank was upto JCO are required to be submitted to this school for the award of scholarship to their wards.

(a) For serving Personnel of Defence Service (for NCOs/ORs and JCOs only)


- (i) Latest quarterly report issued to them by their controlling or administrative units regarding their service and pay particulars etc.
- (ii) A photocopy of their latest pay slip,
- (iii) A certificate showing name of post presently held, scale of pay, basic pay, DA and other allowances issued by the administrative / controlling units.

(b) For Ex-Servicemen (whose rank was upto JCO)

- (i) Income Certificate as per the specimen format given at Appendix "E" to Sainik Schools Society Rules and the same format is enclosed herewith for your reference. This Income Certificate is to be countersigned by a First Class Magistrate.
- (ii) A copy of the latest certificate showing the basic pension, dearness relief on pension, medical allowance and other allowances issued by the concerned unit or the authority from where they are drawing pension.
- (iii) A certificate from the District Sainik Welfare Officer regarding their eligibility as an Ex-servicemen.
- (iv) Name of the unit/authority from where the pensioners are getting their pensions.

2. In case you are categorized under one of the above mentioned categories relevant documents (in duplicate) may please be submitted on or before 31 Jul 2023.




(Rajneesh Kumar)
Gp Capt
Principal

SAINIK SCHOOL IMPHAL

Income Certificate in respect of boys in receipt of Ministry of Defence Scholarship

Name of the boy : _____
 son of _____ studying in Sainik
 School Imphal in class _____ bearing Adm No _____

STATEMENT OF INCOME FOR THE YEAR

	Income from Pay/Pension including allowances or business etc per month	Income from immovable property etc	Income from Land/ Shares	Any other source of Income	Total per annum
Self's/ Guardian's					
Wife's					
Child's Name					

AGGREGATE INCOME PER MONTH

I hereby solemnly declare that the above information is true to the best of my knowledge and belief and that nothing is kept concealed.

Signature:

Parent's / Guardian's
Name and Occupation

Date:.....

Station:.....

To be countersigned by
First Class Magistrate

Date:.....

(Office Seal)

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(Signature with stamp)