

# Invitation to apply For

## SATYA GOEL MEMORIAL AWARD (SGMA)

For group 'C' and work charge employees of CPWD only

C.P.W.D. Officers' Wives Association Hriday Kunj, Sector-VI, R. K. Puram, Near RBI Staff Colony, New Delhi - 110022

Phone: 011-26103681

E-mail: prez.cpwdowa@gmail.com

Applications for Satya Goel Memorial Award are invited by CPWD-OWA from the wards of Group C and Work-charged employees of CPWD. Students who have scored 70% or more in Class X or Class XII 2022-23 board exam are eligible to apply.

Application form can be downloaded from our website <a href="https://cpwdowa-india.org">https://cpwdowa-india.org</a>.

Completed applications may be submitted latest by <u>20-10-2023</u> by email at <u>prez.cpwdowa@gmail.com</u>.

Title your mail as "OWA\_SGMA\_2023\_Name". Applicant should write his name at the place of Name.

#### Postal service at:-

The President C.P.W.D. Officer's Wives Association Hriday Kunj, Sector-VI, R. K. Puram, Near RBI Staff Colony, New Delhi - 110022 Phone: 011-26103681

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#### Instructions;

- 1) Fill in the forms in capital letters
- 2) Attach the mark sheet of the class X / Class XII, whichever is applicable
- 3) Attach the ID proof of parent
- 4) Attach school ID card of student

5) Application should be duly verified by the controlling officer not below the rank of Executive Engineer

Photo 1. Name 2. Age 3. E-mail 4. Present address 5. Permanent address Phone number 6. 7. Gender 8. Father's name Mother name 9. Father's / Mother's designation in **CPWD** 10. Pay scale 11. Enrolment No. 12. Class passed and year 13. Percentage of marks 14. Adhar card number

### Academic information:

Class passed	Board	Year	No of Subjects	% / CGPA
X				
XII				

## **Declaration**

I certify that the statements herein are true to the best of my knowledge. I understand that any wrong information supplied by me will make me liable for action against me and debar me from the scholarship, also will make me liable for the recovery of the entire amount granted to me as scholarship by the CPWD-OWA.

Signature	
Student :	Parent:
Full name	Full name
Date	Relation
Place	Date
	Place
Forwarded by	
(Executive Engineer or above CPWD)	
Office Stamp	