



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 : [owacpwd@gmail.com](mailto:owacpwd@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 2024-25 board exam are eligible to apply.**

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

Completed applications may be submitted latest by **14-10-2025** by email at **[owacpwd@gmail.com](mailto:owacpwd@gmail.com)**.

Title your mail as " **OWA\_SGMA\_2025\_Name** ". Applicant should write his name at the place of Name.

**Postal service at:-**

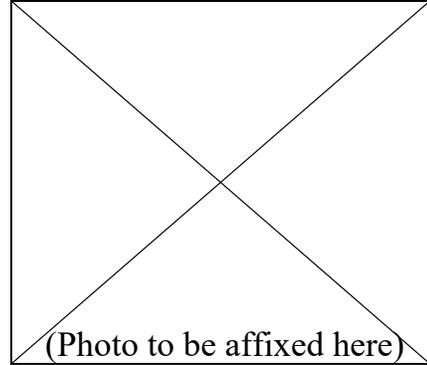
The President  
C.P.W.D. Officer's Wives Association  
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Near RBI Staff Colony,  
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Phone: 011-26103681

# Satya Goel Memorial Award 2025

For Group 'C' and work-charge employees of CPWD only

## **Instructions:**

1. Fill in the forms in capital letters.
2. Attach the mark sheet of Class X / Class XII, whichever is applicable.
3. Attach the ID proof of the parent.
4. Attach the school ID card of the student.
5. The application should be duly verified by a controlling officer not below the rank of Executive Engineer.



## **Personal Information : (Details to be Filled by Applicant)**

1.	Name	
2.	Age	
3.	E-Mail	
4.	Present Address	
5.	Permanent address	
6.	Phone Number	
7.	Gender	
8.	Father's name / Mother's 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. It will also make me liable for the recovery of the entire amount granted to me as a 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