CPWD Officer's Wives Association

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

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 2025-2026 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 **15-10-2026** by email at **owacpwd@gmail.com.**

Title your mail as " **OWA_SGMA_2026_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

Satya Goel Memorial Award 2026

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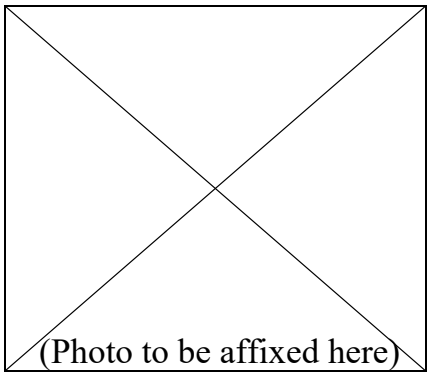
Instructions:

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:……..

Full name: …….

Date : …….

Place : ……

Parent:……

Full name: …….

Relation : ……..

Date : ……

Place : ……

Forwarded by.....
(Executive Engineer or above CPWD)
Office Stamp