



**RDRA DARSANAM**  
A MISSION WITH VISION AND COMPASSION

# ARDRA DARSANAM

A MISSION WITH VISION AND COMPASSION

To

The Principal,  
Amala Institute of Medical Sciences,  
Thrissur.

Sir,

To CAO  
Reliy  
21/10/24  
To  
Dr. Princy & Leo  
22/10/24

Sub :- Ardradarsanam Trust – Scholarship for MBBS Students – selection of 2 eligible candidates among the new entrants of 2024 Batch – Forwarding of notification and proforma – Request for publishing in the notice board of the Medical Colleges – Regarding.

One of the objectives of Ardradarsanam Trust which is a registered public charitable trust founded on behalf of loving memory of late Dr. Chandni Mohan by her family members. Dr. Chandni Mohan was working as Assistant Surgeon in Government Taluk Hospital, Piravom. She will ever be remembered for her glorious personality. Ardradarsanam Trust aims at the development, facilitation assistance the society in the field of medical education and uplift of marginalized people so as to materialize Dr. Chandni Mohan's outlook and perspectives of life.

One of the objectives of our Trust is to arrange Scholarship of Rs.50,000/- for 2 students who are socially and economically backwards among the MBBS students who got admission on merit in the colleges affiliated to KUHS. As the current admission is not completed before 08-10-2024, ie. on the 2<sup>nd</sup> death anniversary of Dr. Chandni Mohan, the 1<sup>st</sup> installment of scholarship for the deserving candidates could not disbursed as done on the previous year.

In this juncture, it is relevant to note that to find out the competent and deserving candidate, the Trust has fixed certain procedure such as publishing of notification, granting time to submit application and to conduct scrutiny of the application by a screening committee adhering the norms fixed etc. The last date fixed for submitting online application is on 15-11-2024 and the Trust intend to grant 21 clear days' time to the students to submit such application. Therefore the Notification and Proforma has to be published on the notice board of your institution on or before 25-10-2024.

Under the above circumstances, you are requested that arrangement may be made to publish the enclosed Notification & Proforma on the notice board of your institutions on or before 25-10-2024.

Ernakulam,  
18-10-2024



Yours Sincerely,

*Geetha US*  
US Geetha

Managing Trustee



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## NOTIFICATION

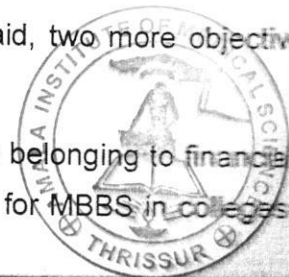
'Aardarsanam' is a registered public charitable trust founded on behalf of loving memory of late Dr. Chandni Mohan, by her family members. Dr. Chandni Mohan was working as an Assistant Surgeon in Govt. Taluk Hospital, Piravom. She was socially committed and was a humane with compassionate outlook especially to weaker sections of the society. Dr. Chandni will ever be remembered for her dynamic personality studded with love, empathy, compassion and courage. Trust, 'Aardarsanam' is set up to continue her aspirations and intends to take up virtuous initiatives and activities towards healthy social progress. Aardarsanam aims at the development, facilitation and assistance to the society in the field of medical education, treatment Services, uplift of marginalised people etc. by undertaking various missions with vision and compassion concordant and harmonious with Dr. Chandni Mohan's outlook and perspectives of life.

The major initiatives in education sector including medical education that commenced from inception includes:

1. Three students selected on merit basis, including two from financially and socially backward section, have been given cash scholarship of Rs.2000 per student in two schools where Dr.Chandni did her schooling up to 10th level as well as Higher Secondary. The scholarships were already distributed in the respective Schools at the School Anniversary days. These scholarships will be continued every year.
2. A merit award of Rs.10000/- has been instituted for the best passing out House Surgeon from Thiruvalla Pushpagiri Medical college every year from where Chandni accomplished her MBBS as the Best House Surgeon during 2013.The first award has been presented on 3.06.2023 in the valedictory function held at the College.
3. Cash awards of Rs.15000 and Rs.10000 are instituted to two doctors who secured highest marks respectively from Giridhar Eye Institute (from where Dr. Chandni Mohan completed her DNB course) in the DNB exam, in their first chance, every year.

Besides the above mentioned educational and financial aid, two more objectives are envisaged by the bylaws of the Trust such as;

1. Financial aid and scholarship are instituted for two students belonging to financially and socially backward sector who got admission on merit basis for MBBS in colleges under



KUHS for successfully completing the course for Rs.50000/- per student (@ Rs10,000/- per year per student for 5 years).

2. An award of Rs.25000/- is instituted for the first rank holder in the PG (Ophthalmology) from KUHS every year.

The above financial aid and scholarship as well as the award are scheduled to be distributed on the first death anniversary of Dr. Chandni Mohan which falls on 8th October 2023.

Therefore applications are invited from the students coming under the category of BPL and financially and socially backward sector who got admission during the current academic year on merit basis for MBBS course in colleges under KUHS for successfully completing the course.

The interested students are directed to apply for the above scholarship in the given annexed PROFORMA through online on or before 15/11/2024

Simultaneously hard copy of such applications duly attested by the head of the Institution concerned and accompanied by the document to support the claim, shall be sent to the Trust directly on the address given below.

The selection of the applicants shall be subject to the discretion and within the prerogative of the Trust and the Trust is at liberty to reject the application and to cancel the selection if it is found that the claim is false and the documents are manipulated or bogus.

For future communication with the Trust:

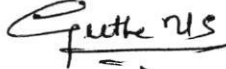
The Managing Trustee,  
**Ardradarsanam,**  
Dr.Chandni Mohan Memorial Initiative,  
(Reg.No.231/2022)  
Valiyaparambil House, Thiruvathira,  
Ambadimoola, Kakkanad PO,  
Ernakulam Dist. - PIN 682 030

Email - [ardradarsanam@gmail.com](mailto:ardradarsanam@gmail.com)  
Website Address: <https://ardradarsanam.in>  
Mob No.8547820566



25/10/2024  
Ernakulam.



  
**U. S. Geetha**  
Managing Trustee



# ANNEXURE

## PROFORMA

(Application for merit scholarship by Ardradarsanam  
Dr.Chandni Mohan Memorial Initiative (Reg.No.231/2022),  
Kakkanad P O, Ernakulam Dist.)

### A) Personal Details

Name :

Age & Date of Birth :

Gender :

Religion & caste/Community :

Tick whichever Applicable

General	OBC	BC	SC	ST
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Address (Permanent) :

Address for communication :

Mobile No. :

E-mail Id. :

Whether the applicant  
receiving any other  
scholarship at present. :

If so, the details including  
the amount :

Name and address of the  
Medical College :

In which the applicant now  
studying :

### B) Educational background

NEET Register No. :

Rank No. In NEET :

Rank No. National :

Rank No. State :



10

11

12

Marks obtained and percentage

- a) NEET :  
b) Plus 2 :  
c) SSLC :

**C) Family Details**

- a) Occupation and Income of Parents :  
    i) Father :  
    ii) Mother :  
b) Details of family members :  
c) Occupation & Income of siblings if any :  
d) Total extent of property owned by the family, if any, at the time of application :  
    i) Extent of Property owned by the Applicant :  
    ii) Extent of Property owned by the Parent :  
    iii) Income derived from such properties, if any :  
e) Total Annual Income of the family :

All the details and information furnished above are true to the best of my knowledge, information and the documents produced are true copies of the originals.

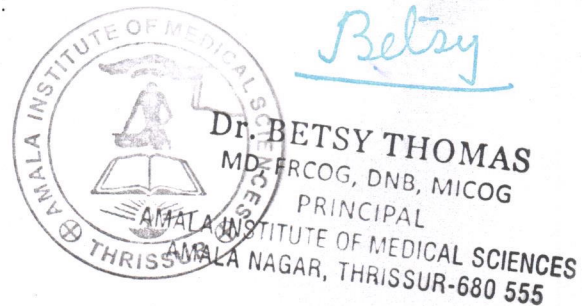
I am submitting this application for considering me in the merit scholarship scheme by Ardradarsanam during this academic year.

Place:  
Date :

Signature :  
Name :

To

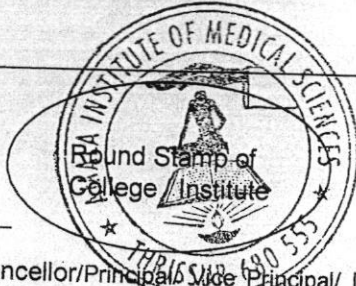
The Managing Trustee,  
Ardradarsanam,  
Dr.Chandni Mohan Memorial Initiative,  
Reg. No. 231/2022,  
Valiyaparambil House, Thiruvathira,  
Ambadimoola, Kakkanad P O,  
Ernakulam Dist. - PIN 682 030





**BONAFIDE CERTIFICATE FOR PM'S SCHOLARSHIP FROM COLLEGE / INSTITUTE**  
(USE BLUE INK PEN ONLY – DO NOT OVERWRITE OR USE CORRECTION PEN/WHITENER)

1	Name of Student	Ms/Mr. GIAYATHRI D
2	Name of College	AMALA INSTITUTE OF MEDICAL SCIENCES
3	Name of Course (Full Form)	BACHELOR OF MEDICINE, BACHELOR OF SURGERY
4	Name of Branch/Stream of Course( if any)	MEDICAL
5	Type of Course (Regular/Lateral/Correspondence)	REGULAR
6	Roll Number / Registration Number	UG124036
7	Total Fee paid to College at the time of Admission	Rs. 8,16,038
8	Studying in the 1 <sup>st</sup> / 2 <sup>nd</sup> / 3 <sup>rd</sup> / 4 <sup>th</sup> year	1 <sup>st</sup>
9	Studying in India/Abroad	India
10	(a) Total Course Duration (In years) (b) Academic Year of admission taken (c) Date of Admission in College (d) Date of Course Completion (Tentative)	(a) <u>5 1/2</u> Years (b) Academic Year <u>2024-25</u> (c) <u>04/10/2024</u> (dd/mm/yyyy) (d) <u>13/05/2030</u> (dd/mm/yyyy)
11	(a) Regulatory Body of Course (b) College / Institute is affiliated to (Full Name of the University) (c) Whether College / Institute is Autonomous?	(a) UGC/AICTE/NMC(etc) <u>NMC</u> (b) <u>KERALA UNIVERSITY OF HEALTH SCIENCES</u> (c) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No (Tick out)
12	Whether Student is getting any other scholarship/stipend/financial assistance from College/ Institute/State Govt or from any other sources/agencies. Note:- EXCLUDING PM SCHOLARSHIP AMOUNT)	(a) Write YES / NO <u>YES</u> (b) If YES, then mention total getting amount of Rs. per month/year/ semester* (*Tick appropriate) (c) Source / Agency of Scholarship _____

Date 14-11-2024Place THRISSUR

PRINCIPAL  
Amala Institute of Medical Sciences  
P. O. Amalanagar  
THRISSUR-680 555

(Signature of College Authority with Rubber Stamp)

\*Signature of Vice Chancellor/Principal/Vice Principal/ Dean/ Associate Dean/ Registrar/Deputy Registrar//Director/Deputy Director only will be considered. **For signature not accepted.**

**INSTRUCTIONS CUM CERTIFICATE FROM STUDENT & ESM**

- I, GIAYATHRI D (Student), have read and understood the check list, FAQ and instructions available on website [www.ksb.gov.in](http://www.ksb.gov.in). I also certify that information provided by me is correct and true to best of my knowledge. I have not forged or given false information, or not applied for a course which is unauthorised, if found, my application is liable to be rejected and I will be solely responsible for that. I am also aware that it will invite criminal proceedings.
- I am also liable to **refund** the earlier scholarship amount already paid to me erroneously due to **clerical error** and will not claim as a matter of right of selection criteria.
- I have scanned 10<sup>th</sup> class certificate, MEQ Certificate, semester wise mark sheets, bonafide certificate, certificate from bank, examination passing certificate, bank pass book, & aadhaar card in **original** and **uploaded**.
- I certify that I have submitted only one application. If duplicate application is found, all my applications are liable to be rejected. I will be held responsible for the same.
- As per existing policy on Prime Minister's Scholarship Scheme (PMSS) the student must clear his/ her all subjects in **first attempt** to get the benefit of PMSS in subsequent years. Those failed and re-appeared will not be entitled for scholarship even if they have cleared their exams in subsequent attempt.
- USE BLUE PEN ONLY. Do not overwrite or use correction Pen/Whitener otherwise application will be rejected.
- Signature of Vice Chancellor/Principal/Vice Principal/Dean/Associate Dean/Registrar/Dy Registrar//Director/Dy Director only will be considered on Bonafide Certificate otherwise application will be rejected.
- Please carry 10<sup>th</sup> class certificate, MEQ certificate, Aadhaar Card, Bank Pass Book, proof of category & Annexure 2 & 3 in original to avoid number of visits to ZSB while obtaining signature on Annexure-1 from ZSB.
- For any other clarification, please read information brochure available with Zila Sainik Board and KSB Website.

(Signature of ESM/Widow)

Name of ESM/Widow \_\_\_\_\_

Date \_\_\_\_\_

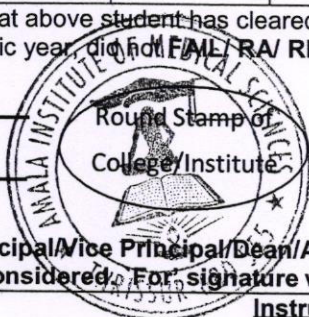
(Signature of Student)

Name of Student GIAYATHRI DDate 14-11-2024

**BONAFIDE CERTIFICATE FOR RENEWAL OF SCHOLARSHIP  
(USE BLUE INK PEN ONLY)**

1.	Name of Student	Ms/Mr. <u>STALIN TOM</u>					
2.	Name of College	<u>AMALA INSTITUTE OF MEDICAL SCIENCES</u>					
3.	Name of Course (Full Form)	<u>Bachelors of Medicine, Bachelors of Surgery</u>					
4.	Name of Branch/Stream of Course (if any)	<u>Medical</u>					
5.	Total Duration of Course (In years)	<u>5-5 yrs (Including one year internship)</u>					
6.	College/Institute Joined on (Academic Year)	Month <u>November</u> Year <u>2020</u>					
7.	Course will complete in	Month <u>July</u> Year <u>2026</u>					
8.	He / <del>She</del> is continuing the course in	2nd / 3rd / <input checked="" type="checkbox"/> 4th / 5th year. (Tick out)					
9.	Whether Student is getting any other scholarship/ stipend/ financial assistance from College/ Institute/State Govt or from any other sources/agencies. <b>Note:- EXCLUDING PM SCHOLARSHIP AMOUNT)</b>	(a) Write YES / NO <u>No</u> (b) If <b>YES</b> , then mention total getting amount of Rs. per month/ year/ semester* (*Tick appropriate) (c) Source/ Agency of Scholarship _____					
10	Student has successfully completed his/ <del>her</del> 1st / 2nd / 3rd / 4th ((Tick out) and scored the following marks in each semesters/year without RA/Fails (Student to upload conversion formula where grades converted to marks)						
	<b>Year</b>	<b>Exam Held on (Month &amp; Year)</b>	<b>Result Declared on (Month &amp; Year)</b>	<b>Mark sheet issued by university on (Month &amp; Year)</b>	<b>Maximum Marks</b>	<b>Marks Obtained</b>	<b>Percentage</b>
	1st Year (1st & 2nd sem)	<u>February 2022</u>	<u>April, 2022</u>		<u>900</u>	<u>690</u>	<u>76.6%</u>
	2nd Year (3rd & 4th sem)	<u>January 2023</u>	<u>May, 2023</u>		<u>900</u>	<u>663</u>	<u>73.6%</u>
	3rd Year (5th & 6th sem)	<u>February, 2024</u>	<u>April, 2024</u>		<u>500</u>	<u>351</u>	<u>70.2%</u>
	4th Year (7th & 8th sem)						

It is certified that above student has cleared all subjects in **FIRST ATTEMPT**, scored **50% and above** marks in each semester/academic year, did not **FAIL/ RA/ REPEAT** in any subject.

Date 21/11/2024Place Thiruvananthapuram

*relin*  
PRINCIPAL

(Signature) of Principal, Amala Institute of Medical Sciences  
(Rubber Stamp of signing official must be affixed)

# Signature of VC/Principal/Vice Principal/Dean/Associate Dean/Registrar/Deputy Registrar/Director/Deputy Director only will be considered. For signature will not be accepted.

**Instructions Cum Certificate from students**

- Use Blue ink pen only. Do not overwrite or use correction pen / whitener and **LEAVE ANY COLUMN BLANK** otherwise application will be rejected.
- Signature of Vice Chancellor/Principal/Vice Principal/Dean/Associate Dean/Registrar/Deputy Registrar/Director/Deputy Director only will be considered on bonafide certificate, otherwise application will be rejected.
- Student must clear each subject in all semesters/academic year in **FIRST ATTEMPT**, uninterrupted to qualify for renewal of scholarship. Any installment can be claimed within **ONE YEAR OF DECLARATION OF RESULT**.
- I have read and understood the **Check List, FAQ and Instructions** available on website [www.online.ksb.gov.in](http://www.online.ksb.gov.in). I also certify that information provided by me is correct and true to best of my knowledge. I have not forged or given any wrong information, if found, my application is liable to be rejected and I will be solely responsible for the same.
- I am also liable to **refund** the earlier scholarship amount already paid to me erroneously due to oversight and will not claim as a matter of right once detected subsequently for wrong selection.

(Signature of ESM)

Named of ESM/Widow \_\_\_\_\_

Date \_\_\_\_\_

(Signature of Student)

Name of Student STALIN TOMDate 21/11/2024

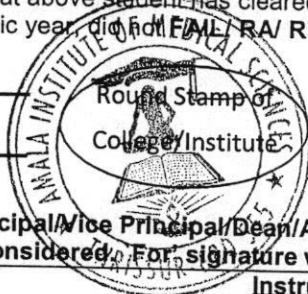
**BONAFIDE CERTIFICATE FOR RENEWAL OF SCHOLARSHIP  
(USE BLUE INK PEN ONLY)**

1.	Name of Student	#/Mr. <u>STALIN TOM</u>
2.	Name of College	<u>AMALA INSTITUTE OF MEDICAL SCIENCES</u>
3.	Name of Course (Full Form)	<u>Bachelors of Medicine, Bachelors of Surgery</u>
4.	Name of Branch/Stream of Course (if any)	<u>Medical</u>
5.	Total Duration of Course (In years)	<u>5.5 yrs (Including one year internship)</u>
6.	College/Institute Joined on (Academic Year)	Month <u>November</u> Year <u>2020</u>
7.	Course will complete in	Month <u>July</u> Year <u>2026</u>
8.	He / <del>She</del> is continuing the course in	2nd / 3rd / <input checked="" type="checkbox"/> 4th / 5th year. (Tick out)
9.	Whether Student is getting any other scholarship/ stipend/ financial assistance from College/ Institute/State Govt or from any other sources/agencies. <b>Note:- EXCLUDING PM SCHOLARSHIP AMOUNT)</b>	(a) Write YES / NO <u>No</u> (b) If YES, then mention total getting amount of Rs. per month/ year/ semester* (*Tick appropriate) (c) Source/ Agency of Scholarship _____

10 Student has successfully completed his/~~her~~ 1st / 2nd / 3rd / 4th ((Tick out) and scored the following marks in each semester/year without RA/Fails (Student to upload conversion formula where grades converted to marks)

Year	Exam Held on (Month & Year)	Result Declared on (Month & Year)	Mark sheet issued by university on (Month & Year)	Maximum Marks	Marks Obtained	Percentage
1st Year (1st & 2nd sem)	<u>February 2022</u>	<u>April, 2022</u>		<u>900</u>	<u>690</u>	<u>76.6%</u>
2nd Year (3rd & 4th sem)	<u>January 2023</u>	<u>May, 2023</u>		<u>900</u>	<u>663</u>	<u>73.6%</u>
3rd Year (5th & 6th sem)	<u>February, 2024</u>	<u>April, 2024</u>		<u>500</u>	<u>351</u>	<u>70.2%</u>
4th Year (7th & 8th sem)						

It is certified that above student has cleared all subjects in **FIRST ATTEMPT**, scored **50% and above** marks in each semester/academic year, did not **FAIL/ RA/ REPEAT** in any subject.

Date 21/11/2024Place Thiruvananthapuram

*relm*  
PRINCIPAL

(Signature) relm Institute of Medical Sciences

(Rubber Stamp of signing official must be affixed)

# Signature of VC/Principal/Vice Principal/Dean/Associate Dean/Registrar/Deputy Registrar/Director/Deputy Director only will be considered. For signature will not be accepted.

**Instructions Cum Certificate from students**

1. Use Blue ink pen only. Do not overwrite or use correction pen / whitener and LEAVE ANY COLUMN BLANK otherwise application will be rejected.
2. Signature of Vice Chancellor/Principal/Vice Principal/Dean/Associate Dean/Registrar/Deputy Registrar/Director/Deputy Director only will be considered on bonafide certificate, otherwise application will be rejected.
3. Student must clear each subject in all semesters/academic year in **FIRST ATTEMPT**, uninterrupted to qualify for renewal of scholarship. Any installment can be claimed within **ONE YEAR OF DECLARATION OF RESULT**.
4. I have read and understood the **Check List, FAQ and Instructions** available on website [www.online.ksb.gov.in](http://www.online.ksb.gov.in). I also certify that information provided by me is correct and true to best of my knowledge. I have not forged or given any wrong information, if found, my application is liable to be rejected and I will be solely responsible for the same.
5. I am also liable to **refund** the earlier scholarship amount already paid to me erroneously due to oversight and will not claim as a matter of right once detected subsequently for wrong selection.

(Signature of ESM)

Named of ESM/Widow \_\_\_\_\_

Date \_\_\_\_\_

(Signature of Student)

Name of Student STALIN TOMDate 21/11/2024

## Certificates to be issued by Head of the institution

(To be filled in by the Head of the Institution, where the applicant is studying)

Details of the Institution to which the student is admitted for the current academic year

1	Name of the Institution	AMALA INSTITUTE OF MEDICAL SCIENCES
2	Address of the Institution	AMALA NAGAR P.O
3	District	THRISSUR
4	State	KERALA
5	Pin Code	680555
6	Name of the Principal/Director/ Head of the Institution	DR. BETSY THOMAS

## Certificate

(To be issued by Director/Principal/Head of the Institution)

It is certified that Shri/Smt/Kumari LAKSHMI VINOD N s/o (or)  
D/o Shri Vinod Kumar Edadan who is admitted (dated 01/10/24)  
in MBBS Course for the academic year 2024-25 semester I  
in Amala Institute of Medical Sciences /college/Institution as Regular (Regular)  
is correct.

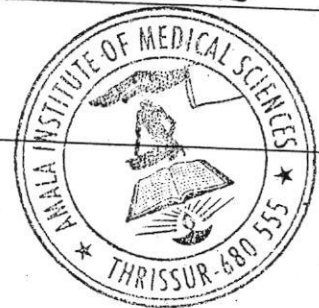
\*\*Signature of the Head of the Institution

Name in Block Letters DR. BETSY THOMASPlace: THRISSURDesignation PRINCIPALDate: 19/11/2024Address AMALA INSTITUTE OF  
MEDICAL SCIENCES

\*\*STAMPED SIGNATURES

WILL NOT BE ACCEPTED

Seal of Institution



From

Jejumon. M.L,  
Mullippilatti,  
Pattihanam. P.O  
Ettumanoor, Kottayam Dt.

To

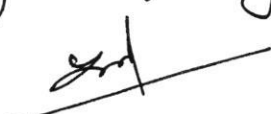
The Principal,  
Amala Institute of Medical Sciences, Thrissur.

Respected Sir/Madam,

My daughter Sneelakshmi Jejumon is a student of this college. I am working in Punjab National Bank. Now I am in need of your signature in the application form to apply for the scholarship given to her by Punjab National Bank.

So I humbly request you to sign the application form.


Yours faithfully

  
Jejumon M.L.

Ettumanoor,  
30.11.2024.

Relay  
30/11/24

Received scholarship  
Sneelakshmi Jejumon

  
04/12/24.



**APPLICATION FOR AWARD OF SCHOLARSHIP**

**PUNJAB NATIONAL BANK**  
**BO/CO/HO KUMBANAD**

**The Chief Manager Punjab National Bank CO/ZAO/HO**

Dear Sir,

**REG: AWARD OF SCHOLARSHIP**

**1 DETAILS OF THE CANDIDATE SEEKING REIMBURSEMENT:**

- i) Name of the Candidate: SREELAKSHMI LEJUMON
- ii) Course in which admission secured: MBBS
  - a) Details of session:
  - b) Name of the Institute: AMALA INSTITUTE OF MEDICAL SCIENCES,  
THRISSUR
  - c) Duration of the Course: 5 Yrs
  - d) Last examination passed after which admission has been sought in the present course: First Professional M Degree Regular Examinations (2022 Admission) November 2023
- iii) Total Tuition fee paid (original Bills from the Institute): 6,94,830
  - a) Refundable (i.e. security money etc.)
  - b) Non-Refundable (i.e. Exam. Fee, Tuition Fee):
  - c) Books / Stationery:

**iv) DECLARATION BY THE CANDIDATE:**

The particulars furnished above are true to the best of my knowledge and belief. I confirm that I am not in receipt of any scholarship from the Govt. / its agency or other institute for continuing the said course.

  
**SIGNATURE OF THE CANDIDATE.**

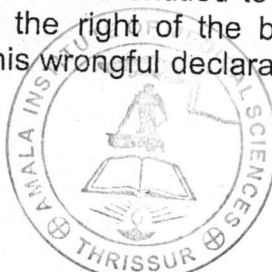
**2. DETAILS OF THE EMPLOYEE:**

- i) Name of the employee : LEJUMON . M . L
- ii) Designation : CSA
- iii) BO./Department : KUMBANAD (430300)
- iv) P.F. No. : 5176079

**v) DECLARATION BY THE EMPLOYEE:**

I hereby declare that Shri/Ms. Sreelakshmi Lejumon, my son/daughter is not receiving any scholarship from the Govt. or any other institution. The claim lodged above is for one child only. Particulars furnished above are true to the best of my knowledge and belief. If at any time it is found that any of the particulars mentioned above are not correct, scholarship already sanctioned by the bank will not only be discontinued, but I am liable to refund the entire amount already drawn and / or the bank is also entitled to recover the amount already drawn by me without prejudice to the right of the bank to take such action that the bank deem fit against me for this wrongful declaration.

  
**SIGNATURE OF THE EMPLOYEE**



### 3 RECOMMENDATION OF THE INCUMBENT INCHARGE:

That the particulars given above are correct. I have verified the mark sheet, certificates as well as the bills claimed by the employee and recommend for sanction of scholarship as per bank's guidelines. The copies of mark sheet / certificate and other relevant documents duly attested by the undersigned and original bills / vouchers duly verified by the employee are enclosed herewith.

INCUMBENT INCHARGE  
BO: DEPTT. \_\_\_\_\_

Certificate to be issued by the Principal / Head master / Head of the Institute where the candidate is continuing his education. The certificate must be signed by the Head of the institute and not by any of the authorities of the Institute.

### CERTIFICATE BY THE SCHOOL/COLLEGE AUTHORITIES:

This is to certify that Shri/Miss Sreelakshmi Lejumo son/daughter of Lejumon ML is a bonafide student of this School/College and he/she was admitted to this School/College on 02/11/2022 and at present he/she is studying in MBBS (II Year). His/her conduct, behavior and progress in the class is \* Good. He/she is not receiving any scholarship from Govt. or its Agency, any other institution through this School / College. Further, the institution/college is recognised & affiliated to KUHS University. The course is recognized by UGC /All India Council of Technical Education (AICTE).

Signature Betsy  
Designation DR. BETSY THOMAS  
Office Seal MD, FRCOG, DNB, MICOG  
Date 30/11/24  
PRINCIPAL  
AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR-680 555



### CHECK - LIST

1. All column of Annexure A are duly filled
2. Mention P. F. No. and Circle Office clearly.
3. Fee receipts in original duly certified / verified by the Head of Institution and by employee also.
4. Books bill in original duly certified by Head of the Institution and verified by the employee.
5. Mark sheet of last examination (yearly) passed verified by the employee.
6. The claim should be for one talented child per family.
7. One copy of Application for each session be sent. In no case Advance / Duplicate copy is required to be sent, unless called by us.

DECLARATION AND UNDERTAKING

Undertaking from College

To,  
CEO,  
ONGC Foundation  
Delhi

This is to certify that Mr./Ms. Feba. Jose, is the student of  
1st year in HBBS (Course) Medical  
Stream/ discipline) (college/ institution/ University) Amala Institute of Medical Sciences  
He/she got admission in the academic year 2024 - 25 with admission/enrollment  
no. U0124125. His/her DoB is 21-04-2004 (DD/MM/YYYY).

Further, it is certified that the Student is not receiving any scholarship or financial assistance from  
any other source/ organization for his/her education other than the state government  
reimbursement/ waiver off the component of tuition fees, the same shall not be treated as a financial  
assistance/scholarship for ONGC's scholarship.

Date: 20/11/24

Place: Thrissur

*Rehij*

(Signature of the Principal/ Academic  
Section/ Registrar)  
with Institution's seal

Name:

**DR. BETSY THOMAS**  
MD, FRCOG, DNB, MICOG  
PRINCIPAL

Designation: AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, TH.

Mobile Number: 0487-2304116



From,

Joyal Jose. A (2024 batch)

Anthikad House

Kuzhinilam

Maranthavady, Malayanad.

Received. Scholarship form

Joyal Jose. A

Joyal Jose. A  
26/10/2024

To,

The Principal

Amala Institute of Medical Sciences

Thrissur.

Respected Mam,

I would like to apply for a scholarship provided by Kerala Shops and Commercial Establishment Workers Welfare Fund Board; for that I require a certificate from the head of the institution signed and sealed. Since the due date for the application is on the last of this month, I request the Principal to give me the permission to get the certificate signed.

Yours Sincerely

Joyal Jose. A



CAO  
24/10/24  
P. Anwar

From,

Joyal Jose. A (2024 batch)

Anthrikad House

Kuzhivilam, Mananthavady

Wayandol

To,

The Principal

Amala Institute of Medical Sciences

Thrissur

Respected Mam,

I, Joyal Jose. A will be continuing my studies of MBBS Course in Amala Institute of Medical Sciences, Thrissur till the end of the course and do not plan on to withdraw my seat from this college.

Yours faithfully

Joyal Jose. A

Joyal Jose. A



**CERTIFICATE OF THE HEAD OF THE INSTITUTION**  
(to be filled in by the head of the institution)

1. Whether the student is attending  
regular full time course

2. Name of university to which the institution is affiliated

3. Certified that Shri/Smt./Kumari.....  
..... has been admitted to this institution during  
..... as a regular student in .....  
(here specify the class and course of study)

Signature of Principal :

Name:

Designation:

College:

Station:

Date:

(Office Seal)



**CERTIFICATE OF THE HEAD OF THE INSTITUTION**

(to be filled in by the head of the Institution)

1. Whether the student is attending regular full time course : Provisionally admitted for MBBS course (Full time)
2. Name of university to which the Institution is affiliated : Kerala University of Health Sciences, Thrissur
3. Certified that ~~Shri/Smt./Kumari~~ JOYAL JOSE A has been provisionally admitted to this Institution during 2024 – 25 as regular student in First year MBBS.  
(here specify the class and course of study)

Signature of Principal:

*Betsy Thomas*

Name :

**DR. BETSY THOMAS**  
MD, FRCOG, DNB, MICOG  
PRINCIPAL

Designation :

AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR-680 555

College :

Station : Thrissur

Date : 25-10-2024



25/10/24

28/10/2024  
Thrissur.

From,

Anitta Nijo

2024 MBBS Batch

To,

Principal,

Amala Institute of Medical Sciences

Thrissur.

I hereby declare that I have not applied for further allotments and hence I will not change the college.

Anitta Nijo

Anitta



25/10/2024

Thrissur.

To,  
The Principal  
Amala Institute of Medical College  
Thrissur.

Sub: Requesting letter to issue a declaration certificate

Respected Madam,

My name is Anitta Nijo, student of First year MBBs course in your institution. I would like to mention that, I need a declaration certificate for the purpose of applying ONGC scholarship.

Hence I request you to please issue my certificate as early as possible. Also I have submitted the declaration and undertaking form

Thanking you,

Yours Obediently,

Anitta Nijo

Anitta

Received Scholarship format  
Anitta  
25/10/2024  
Anitta Nijo T O C A O

Reliy  
25/10/24

Sumona  
26/10/24



25/10/24  
26/10/24

DECLARATION AND UNDERTAKING

Undertaking from College

To,  
CEO,  
ONGC Foundation  
Delhi

This is to certify that Mr./Ms. \_\_\_\_\_, is the student of  
1st year in \_\_\_\_\_ (Course) \_\_\_\_\_  
Stream/ discipline) (college/ institution/ University) \_\_\_\_\_.

He/she got admission in the academic year \_\_\_\_\_ with admission/enrollment  
no. \_\_\_\_\_. His/her DoB is \_\_\_\_\_ (DD/MM/YYYY).

Further, it is certified that the Student is not receiving any scholarship or financial assistance from  
any other source/ organization for his/her education other than the state government  
reimbursement/ waiver off the component of tuition fees, the same shall not be treated as a financial  
assistance/scholarship for ONGC's scholarship.

Date:

Place:

(Signature of the Principal/ Academic  
Section/ Registrar)  
with Institution's seal

Name:

Designation:

Mobile Number:



DECLARATION AND UNDERTAKING

Undertaking from College

To  
CEO  
ONGC Foundation  
Delhi

This is to certify that Mr/Ms. ANITTA NIJO is the student of 1<sup>st</sup> year in MBBS (Course) Medical (Stream/~~discipline~~) (college/ institution/ University) Amala Institute of Medical Sciences, Thrissur.

He/she got provisional admission in the academic year 2024-25 with admission/~~enrollment~~-no.UG24022. His/her DoB is 15-03-2005 (DD/MM/YYYY).

Further, it is certified that the Student is not receiving any scholarship or financial assistance from any other source/ organization for his/her education other than the state government reimbursement / wavier off the component of Tuition fees, the same shall not be treated as a financial assistance/ scholarship for ONGC's scholarship.

Date: 26-10-2024

Place: Thrissur

*Betsy*

(Signature of the Principal/ Academic  
Section/ Registrar)  
with Institution's seal

**DR. BETSY THOMAS**  
MD, FRCOG, DNB, MICOG  
PRINCIPAL

AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR-680 555

Name : Dr. Betsy Thomas

Designation : Principal

Mobile Number : 0487 - 2304148



*Dr. Betsy Thomas*



Sl. No.	Name of student	Academic year	Name of Scholarship	Scholarship Issued By	Scholarship Amount
1	Navya Narayanan(2020 batch)	2023-24	Shristi Scholarship	State Forest Development Agency(SFDA),Kerala	Rs.15,000/-
2	Ayana Reji (2023 Batch)	2023-24	C H Muhammedkoya Scholarship	Directorate of Minority Welfare,Govt.of kerala	Rs.13,000/-
3	Arsha M(2020 batch)	2023-24	C H Muhammedkoya Scholarship	Directorate of Minority Welfare,Govt.of kerala	Rs.7,000/-
4	Ayana Reji(2023 Batch)	2023-24	Vidhyasamunnadhi	Kerala State Welfare corporation for forward communities Ltd	-
5	Delna V.D.(2021 batch)	2023-24	Educational Loan Scheme.	Kerala State Backward Classes Development Corporation Ltd	-
6	Fathima Misna P.A. (2022 Batch)	2023-24	Educational Loan Scheme	Kerala State Backward Classes Development Corporation Ltd	-
	Joyce R Reji(2022 batch)	2023-24	Educational Loan Scheme	Kerala State Backward Classes Development Corporation Ltd	-
8	Anjana Sugathan(2020 batch)	2023-24	Educational Loan Scheme	Kerala State Backward Classes Development Corporation Ltd	-
9	Amalu Jose(2022 batch)	2023-24	Rubber Board Labour Welfare Division	Rubber Board Labour Welfare Division	-
10	Binima Joy Pallan(2022 batch)	2023-24	Staff Benefit Fund of Railway Employees	Staff Benefit Fund of Railway Employees	-
11	Amalu Jose(2022 batch)	2023-24	Muthoot M George Higher Education Scholarship	Muthoot Finance Ltd.	Rs.60,000/-
12	Midhun Ravindran(2019 batch)	2023-24	PM scholarship	Kendriya Sainik Board secretariat	-
13	Susan R Kollinal(2022 batch)	2023-24	Valorem Pvt Ltd.	Valorem Pvt Ltd.	Rs.2,87,700/-
14	Bijit Reji(2023 Batch)	2023-24	Educational Loan	The Kerala State Women's Development Corporation Ltd.	Rs.20,00,000/-
15	Godson Shaji(2020 batch)	2022-23	Kerala Coir Workers Welfare Fund Board	Kerala Coir Workers Welfare Fund Board	Rs.10,000/-

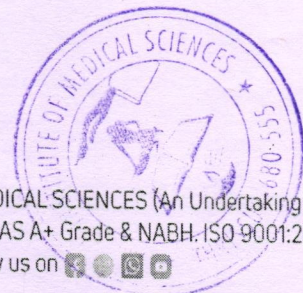
*Betsy*

*Dr. Joby Thomas K*

**DR. BETSY THOMAS**  
MD, FRCOG, DNB, MICOG  
PRINCIPAL

**Dr. Joby Thomas K**  
Chief Administrative Officer

**PROF. (DR.) JOBY THOMAS K**  
M.Sc, M.Phil, MBA, Ph.D  
CHIEF ADMINISTRATIVE OFFICER  
AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR-680 555



*Return*

PROF. DR. JOBY THOMAS K.  
M.Sc. M.P.H. M.B.A. Ph.D.  
CHIEF ADMINISTRATIVE OFFICER  
VAIA INSTITUTE OF MEDICAL SCIENCES  
AT 1512 SUR-810 255