

**DEPARTMENT OF COLLEGIATE EDUCATION
ANDHRA PRADESH: Velagapudi,**

**Dr. A. P. J. Abdul Kalam Vidya Puraskaralu - 2019
(For The Academic Year 2018-19)**

ACKNOWLEDGEMENT FOR RECEIVING AWARD

Passport size
photo of the
Candidate duly
attested by the
Head of the
Institutions

1.	Name of the Awardee in full	
2.	Name of the Father / Guardian in full (In case Guardian mention the relationship with Awardee)	
3.	Name of the College where the student has studied and appeared the final year Examination and Affiliated University	
4.	Name of the course/Branch/ Specialization Registration No.	
5.	Category of the Student (SC / ST / BC / OC / Women)	
6.	Residential Address with Phone No. & E-mail ID	
7.	Details of Rs.20,000/- amount received from government thorough CFMS (Yes/No)	

DECLARATION TO BE SIGNED BY THE CANDIDATE

*Certified that the particulars furnished by me in the application form are true and correct.
Further, I declare that in case at any time later, it is proved that the information furnished is false
or information has been suppressed, I shall refund the entire amount received towards award to
the Government of Andhra Pradesh together with any penal interest that may be levied.*

Place :

Date :

Signature of the Candidate

Signature of Principal/ Director
Name and Office Seal