देवी अहिल्या विश्वविद्यालय, इंदौर
(लेख द्वारा "A+" क्षेत्र प्रस्तुत)

क्रमांक : संविक/कृष्णाकुमारीवर्मा/पुरस्कार/2023-24/529 

1. विभागाध्यक्ष/निदेशक/प्रभारी
समस्त अध्ययनशालाएँ,
देवी अहिल्या विश्वविद्यालय,
इंदौर।

2. प्राचार्य/सांवलक,
विवि.से समस्त महाविद्यालय
जिला-इंदौर, खंडवा, खरगोन, धार,
शाबुआ, बड़वानी, बुराहनपुर, अलोराजपुर।

विषय :–अंतिम इंडिया कन्फ्रेडरेशन ऑफ़ ब्लाइड, नई दिल्ली द्वारा "कृष्णा कुमारी वर्मा स्मृति पुरस्कार" की जानकारी से दिव्यांग (ब्लाइड) विद्यार्थियों को अवगत कराने बाबत।


निर्देशानुसार, विषयांतर्गत उल्लेखित पुरस्कार की जानकारी से अध्ययनस्त दिव्यांग (ब्लाइड) विद्यार्थियों को अवगत कराया जाना सुनिश्चित करें।

संलग्न : संदर्भित पत्र की छाया-प्रति नय आवेदन-पत्र

कुलसचिव

पूर्वक्रमांक : संविक/कृष्णाकुमारीवर्मा/पुरस्कार/2023-24/529 

1. प्रो. अनिल के. अनेजा, अध्यक्ष, ऑल इंडिया कन्फ्रेडरेशन ऑफ़ ब्लाइड, नई दिल्ली।
2. कुलपति-जी के सचिव/कुलसचिव के निज सहायक, देवी अहिल्या विश्वविद्यालय, इंदौर।

अधिष्ठात्रा, छात्र कल्याण
0/0 30/11/23
Ref: AICB/K-1/2023

The Registrar

Devi Ahilya Vishwavidyalaya
R.N. Tagore Marg,
Indore, M.P.

Sub: Krishna Kumari Varma Memorial Award 2023 for 1st/2nd position holder blind students in Master’s Degree.

Sir/Madam,

We are pleased to inform you that with financial support from Dr. Ved Prakash Varma, Retired Professor and former Head, Department of Philosophy, University of Delhi, we have established “Krishna Kumari Varma Memorial Award” for outstanding blind students securing First or Second position in the concerned programme of the University in Master’s Degree. The purpose of the Award is to encourage and inspire blind students to achieve highest position in their post-graduate examinations.

The Award will be given to those blind students who have secured first or second position in their final post graduate examinations (except music and fine arts) for the academic year 2022-23. The Award consists of a sum of Rs. 40,000.00 (Rupees Forty Thousand Only), a certificate, a citation and a memento.

The following documents are required in case you recommend any student of your University for the above award:

1) Photocopies of the certificates of all the examinations duly attested by the Head of the Department concerned.
2) A certificate testifying the position of the candidate in order of merit in the University should also be sent along with the application form and this certificate should be signed by any two of the following
(A) The Head of the Department or
(B) The Registrar  
(C) Controller of examination/Dean of the University.  
3) A valid Disability certificate issued through UDID or by recognized Government hospital.  
4. Passport size photograph

Selected candidate along with his/her escort shall be provided to and fro AC 2 tier railway fare on concessional rates and hotel accommodation at the time of Award ceremony on 4th January, 2024.

While selecting a student for the Award, his/her whole academic career would be taken into consideration. Normally, the Award will be given to a student who obtains the first position in order of merit in the University. However, if such a candidate is not available in a particular year, the Award may be given to a student who secures the second position.

The Award will not be given to any one if no student is found qualified in a particular year or years. If in a subsequent year or years two students are found qualified for the Award, it may be given to both of them provided that in the previous year no one was found for a suitable for the award.

You are requested to give this Award maximum publicity amongst Visually Impaired Students of your University and send the particulars of eligible visually challenged students to this office latest by 20th November, 2023 in the enclosed application form.

Hoping for a positive response.

Thanking you,

Sincerely Yours,

(Prof. Anil K. Aneja)  
President
"APPLICATION FORM FOR THE “KRISHNA KUMARI VARMA MEMORIAL AWARD”

1) Full Name in Block letters

2) Date of Birth

3) Present Postal Address

4) Permanent Address

5) Phone/Mobile Number

6) Fax

7) Email

8) Onset of Blindness

9) Present status of Eye sight

10) Matriculation or Equivalent Examination
   a) Name of the Board or University
   b) Year
   c) Division
   d) Percentage of Marks

11) Higher Secondary or Intermediate Examination
   a) Name of the Board or University
   b) Year
   c) Division
   d) Percentage of Marks
12) B.A. or Equivalent Examination
   a) Name of the Board or University : ____________________________
   b) Year : ____________________________
   c) Division : ____________________________
   d) Percentage of Marks : ____________________________

13) M.A. or Equivalent Examination
   a) Name of the Board or University : ____________________________
   b) Year : ____________________________
   c) Division : ____________________________
   d) Percentage of Marks : ____________________________

14) Participation in co-curricular activities, such as Debate Competition, Essay Writing Contest, Elocution Contest, etc. (Please give details on a separate sheet) :

15) Any other special achievement(s) : ____________________________

16) Signature of the Applicant : ____________________________

Name and Designation of the forwarding Authority:
Date:

Note:
1) Photocopies of the certificates of all the examinations duly attested by the Head of the Department concerned.
2) A certificate testifying the position of the candidate in order of merit in the University should also be sent along with the application form and this certificate should be signed by any two of the following
   (A) the Head of the Department
   (B) the Registrar
   (C) Controller of examination/Dean of the University.
3) A valid Disability certificate issued through UDID or by recognized Government hospital.
4) Passport size photographs.
5) Awardee shall get Rs. 40,000, Citation and Certificate on 4th January.