**APPLICATION FOR CLAIMING GRACE MARKS**

**For Proficiency in Cultural Activities/Sports /Persons with Disabilities (PWD)**

**1. Name of the Candidate (in block letters) :**

**2. Contact No :**

**3. Name of the Programme :**

**4. End Semester Exam Register No :**

**5. Semester(s) for which grace mark claim is made :**

**6. Academic Year :**

**7. Category of Grace Mark Claim:**
(Please tick the appropriate category)
☐ Sports / Arts / Cultural Activities
☐ Persons with Disabilities (PWD)

**8. For Sports / Arts / Cultural Activities Category:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level of Event (National/State/University)** | **Name & Date of Event** | **Prize/Position** | **Remarks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| (i) |  |  |  |
| (ii) |  |  |  |
| (iii) |  |  |  |
| (iv) |  |  |  |
| (v) |  |  |  |
| (vi) |  |  |  |

**9. For Persons with Disabilities (PWD) Category:**
*Details of Disability (as per Government Certificate)* :
Type of Disability :
Percentage of Disability :
PWD Certificate No & Date :
Issuing Authority :

**Details of Attested Copies of Documents Attached:**
1.
2.
3.
4.
5.

|  |
| --- |
| *I hereby affirm that the details furnished above are true. I request that eligible grace marks may be awarded to me. I enclose attested copies of the merit certificates/participation Certificates/PWD Certificate and hall ticket.* |
| Place:Date: Signature of the Candidate |

**Verification by Teacher-in-Charge / Faculty Advisor**
Verified the achievements of Shri/Smt. ………………………… and recommended for awarding grace marks.
Place:
Date:
 (Name & Signature of Teacher-in-Charge)

**Certificate by the Head of the Department:**
Certified that Shri/Smt. ………………………… is/was a bonafide full-time student of this college, studying in ………………………… (Class & Programme) during the academic year …………………, and the details furnished above are verified and found correct.

Place:
Date:
 (Name and Signature with Seal of the Head of the Department)

**Verification by Asst. Director Physical Education**

Verified the achievements of Shri/Smt. ………………………… and recommended for awarding grace marks.
Place:
Date:
 (Name & Signature of Teacher-in-Charge)

**For Office Use Only:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Eligible Events / PWD Certificate** | **Grace Marks**  | **Grace Marks Awarded in %** | **Remarks** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

**Total Eligible Grace Marks :**

 **Signature of Controller of Examinations**

**Concurrence of the Principal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Note: Attested copies of relevant certificates and copy of the hall ticket should be attached along with the application.*

*For Sports / Arts / Cultural Activities Category:*

The criterion for the award of Grace Marks is representing the University/ State/Country in officially sponsored competitions/championships/ tournaments with prior official permission from the institution.

Grace marks shall be awarded to the winners (First, Second, and Third places) of State-level events conducted by the Kerala Technological University.

*For Persons with Disabilities (PWD) Category:*

The Rights of Persons with Disabilities Act, 2016 (RPWD Act), and its provisions, including the implementation of Unique Disability Identity (UDID) Cards*)*