|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SCHOLARSHIP FORM FOR THE ACADEMIC YEAR - 2014-15** | | | | | | | | | | | | | | | | |
| Sr No |  | | | | | | | | Date | | |  | | | | |
| **Student's Details** | | | | | | | | | | | | | | | | |
| Roll Number |  |  | | | |  | | |  | | |  | |  | | |
| Name of the Student |  |  | | | |  | | |  | | |  | |  | | |
| Course/Branch |  | | | | | | | | Present Semester - | | | | | | | |
| Annual Fee (RO) |  | | Balance course fee to be paid (R.O.) | | | | | |  | | | | | | | |
| **Academic Details** | | | | | | | | | | | | | | | | |
| **For New Student** | **12th Std. Marks** | | | **Year of Passing** | | | | | | **Remarks** | | | | | | |
|  | | |  | | | | | |  | | | | | | |
| **For Existing Student** | **Semester Attended** | | | **GPA** | | | **% of Attendance (To be filled by HOD)** | | |
| I | | |  | | |  | | |
| II | | |  | | |  | | |
| III | | |  | | |  | | |
| IV | | |  | | |  | | |
| V | | |  | | |  | | |
| VI | | |  | | |  | | |
| VII | | |  | | |  | | |
| **Family Details** | | | | | | | | | | | | | | | | |
| Name of the Father/Mother: |  |  | | | |  | | | Civil ID Card No. | | |  | | | | |
| Details about Father / Mother (Pls Tick in the box and attach the support document) | Working | Not Working | | | | Retired | | | Expired | | | Sick | | | | |
|  |  | | | |  | | |  | | |  | | | | |
| **Employment Details of Father/Guardian** | | | | | | | | | | | | | | | | |
| Monthly Family Income |  |  | | | |  | | |  | | |  | |  | | |
| No. of Dependents in Family |  |  | | | |  | | |  | | |  | |  | | |
| Any Other Information |  |  | | | |  | | |  | | |  | |  | | |
| Name of the Local Guardian (If Any) |  |  | | | |  | | | Relation with Local Guardian | | | | | |  | |
| Signature of the Parent/ Guardian  With Name | | | | | |  | | | | | |  | | Signature of the Candidate | | |
| Date |  |  | | | |  | | |  | | |  | | Date | | |
| **For Official Use Only** | | | | | | | | | | | | | | | |
| Received by |  | | | | | | | | | | | | | | |
| Remarks |  |  | | |  | | |  | | |  | |  | | |
| Signature |  |  | | |  | | | Date | | |  | |  | | |
| **Recommendations** | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | |  | |  | | |
|  |  |  | |  | | | |  | | |  | |  | | |
| **Percentage of Scholarship Recommended** | |  | |  | | | |  | | |  | |  | | |
|  |  |  | |  | | | |  | | |  | |  | | |
| **ADM & HRD Manager** | |  | | | | | | **Finance Manager** | | | | | | | |
| Date | |  | | | | | | Date | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | |  | | | | | | **DEAN** | | | | | | | |
|  | |  | | | | | | Date | | | | | | | |

**Documents to be attached with this application:**

1. Certificate from the Competent Authority of Ministry of Social Affairs for Social Security.
2. Copy of Civil ID card of Father/ Guardian.
3. Original Copy of Last month payslip of Father/Guardian.
4. Copy of grade cards of two previous semesters for existing students.