DEAN OF ACADEMIC AFFAIRS

Subject: Scholarship/Merit-cum-means scholarship/Financial assistance to students.

Name of Scholarship, applied for ________________________________

Name: ________________________________________________________

Roll No. ___________________ Branch ____________________________

JEE (Main) Rank/AGPA & CGPA ___________ Year_______________

Father’s Name ________________________________________________

Father’s Profession ____________________________________________

Mother’s Name ________________________________________________

Mother’s Profession ____________________________________________

Total family income (P.A.) __________________________________________

E-mail address ________________________________________________

Financial assistance availed, if any ________________________________

I may be considered for scholarship/merit-cum-means, given to the student through University.

Undertaking

Certified that the information given above is true to the best of my knowledge. In case of any discrepancy, disciplinary action can be taken against me.

Yours faithfully,

(____________________)
Contact No. ____________
Dated: ________________

P.T.O.
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RECOMMENDATION OF HEAD OF DEPARTMENT

I certify that Mr./Ms. _____________________________ Roll No. ________________ is a student of B.E/BTECH/ME/MTECH/MSc./MCA/MBA _______ year of my department and bears satisfactory/unsatisfactory conduct.

I recommend/do not recommend for the award of Scholarship/Merit-cum-means scholarship.

HEAD OF DEPARTMENT

Note: Students applying for Merit-cum-means scholarship will attach the following certificates/documents.

1. JEE(main) Rank for BE 1st year student, Merit No. for ME/MTech/MSc./MBA 1st year student. AGPA & CGPA in case of other students, of last examination passed.

1. Proof of annual family income in the form Income Certificate issued by revenue official/copies of Income Tax returns for last three years filed by the parents/an affidavit by the parents regarding their annual family income and source of income duly signed by notary.

FOR OFFICE USE ONLY

1. Checked by: ________________

2. Recommendation of the Committee:

   Allowed/Not allowed

D.O.S.A   D.O.A.A.   H.O.D.   REGISTRAR