



INSTITUTE OF ENGINEERING & MANAGEMENT

SCHOLARSHIP APPLICATION FORM

Photo

1. **Name of the Applicant:** _____
2. i) Department: _____ ii) Year: _____ (1st/2nd/3rd/4th)
3. iii) Semester: _____ (1st/2nd/3rd/4th/5th/6th/7th/8th)
- iv) Enrollment No. : _____ v) Class Roll No.: _____ vi) % of Marks: _____ (attach grade cards)
4. **Address:** _____

5. (A) i) Father's Name..... ii) Father's Annual Income.....
(B) i) Mother's Name..... ii) Mother's Annual Income.....
(C) Annual Income from Other Sources.....
6. **Total Annual Family Income (A + B+ C):** **RS.**
7. **Category** (General/SC/ST/OBC/EWS/Others): _____
(Self-attested photocopy of cast certificate to be enclosed)
8. **(A) Type of Scholarship (Put a ✓) :**
(i) Single Semester Fees Waiver ☐
(ii) Half Semester Fees Waiver: ☐
(iii) Full Fees Waiver: ☐
(iv) Other financial assistance: ☐
(B) Reason (Please ✓): (Supporting documents to be enclosed)
(i) Job loss: ☐
(ii) Sudden medical emergency: ☐
(iii) Serious medical emergency: ☐
(iv) Death of earning member: ☐
(v) No family income: ☐
(vi) Others ☐
9. **Provide your reason for scholarship :**

Declaration:

I hereby declare that all the information given above is true to the best of my knowledge. I am not in recipient of any other Scholarship/Stipend/Financial assistance etc. from any other source. I shall personally be held responsible, if at any stage it is found that, information(s) is/ are given in this form is/are false /incorrect as per the scholarship scheme, application is liable to be cancelled.

Signature of the student: _____

Name of the Department: _____

Year & Roll Number: _____

Contact Number: _____

E-mail ID: _____