



UNIVERSITY OF ENGINEERING AND MANAGEMENT
INSTITUTE OF ENGINEERING & MANAGEMENT

Photo

Please Tick appropriate Campus (✓)

IEM Newtown Campus ☐

IEM Salt Lake Campus ☐

ALUMNI / STUDENTS' FINANCIAL AID AND SCHOLARSHIP APPLICATION FORM 2023-2024

1. **Name of the Applicant:** _____
2. i) Department: _____ ii) Year: _____ (1st/2nd/3rd/4th/Alumni)
3. iii) Semester: _____ (1st/2nd/3rd/4th/5th/6th/7th/8th/NA)
iv) Enrollment No. : _____ v) Class Roll No.: _____ vi) CGPA: _____ (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. Are you receiving any financial help from any other organization (Govt./ Private / Student Credit Card): **Put a (✓)**
(i) No ☐
(ii) Yes ☐ If yes, give details: _____
9. **(A) Type of Scholarship (Put a ✓) :**
(i) Single Semester Fees Waiver ☐
(ii) Half Semester Fees Waiver: ☐
(iii) Full Fees Waiver: ☐
(iv) Other financial assistance: (specify) ☐
(B) Reason (Please ✓): (Supporting documents from competent authority 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 (specify) ☐
10. **Provide your reason for scholarship/financial support :**

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.

For Existing Student Only:

Signature of the student: _____

Name of the Department: _____

Year & Roll Number: _____

Contact Number: _____

E-mail ID: _____

For Alumni Only:

Signature of Alumni: _____

Department & Year of Passing: _____

Name of the Employer: _____

Designation: _____

Contact No.: _____

E-mail ID: _____

