

NATIONAL INSTITUTE OF TECHNOLOGY TIRUCHIRAPPALLI - 15
OFFICE OF THE DEAN (Students Welfare)

CIRCULAR

The applications are called for "Student Aid Fund Scholarship" for economically poor and deserving students (UG, PG, and Ph D) with the following documents to the office of the *Dean (Students) on or before 15.5.2009.*

FORMAT OF APPLICATION

FOR OFFICIAL USE ONLY

| Sl. No. of application | Year | Course | Whether approved YES/PENDING |
|------------------------|------|--------|---------------------------------|
|------------------------|------|--------|---------------------------------|

[To be filled up by applicant]

Full name

Year and Branch

Roll Number

Affix a self-attested
passport size
photograph

| | |
|-------------|---------------|
| MALE | FEMALE |
|-------------|---------------|

| Date of birth | D | D | M | M | Y | Y | Y | Y |
|---------------|---|---|---|---|---|---|---|---|
| | | | | | | | | |

Father's name:

Mother's name:

State of domicile and Nationality:

Address for correspondence:

Address of the parents.

INSTITUTE FEE RECEIPT NUMBER _____(current semester)

Bank account number of the student:

Annual Income of parents/guardian of the student: Rs. _____

(Declaration of annual income is to be given in the prescribed format given below and is to be signed by the parents/guardian of the student and enclosed along with the application. In case parents/guardian are employed, income certificate from the employer to be enclosed).

Declaration:

- (i) I hereby declare that the information given above is correct.
- (ii) I am not availing any other scholarship for this purpose from any other source.
- (iii) I shall abide by the terms and conditions for sanction of the STUDENT AID FUND Scholarship.
- (iv) I undertake that if, at any stage, it is found to the satisfaction of the sanctioning authority concerned that the information given by me is false or if I violate the terms and conditions of the scholarship, the scholarship sanctioned to me, may be cancelled and the entire amount of scholarship will be refunded by me or recovered from me, apart from such penal action as warranted by law.

Date:

Signature of the student

Place:

Verification/information to be furnished by the Head of the Department

It is certified that the information filled in the above mentioned columns by Shri/Kumari _____s/o / d/o Shri _____ who is admitted in _____course for the academic session _____ in _____Institute is correct.

He/she is a hosteller/day scholar.

He/She is a fresher admitted in the institute for academic year _____.

He/She has been promoted from _____ to _____ in the academic year _____. He/She has no arrears in the semester examinations as on date.

HEAD OF THE DEPARTMENT

**DECLARATION OF PARENTS'/GUARDIAN'S INCOME
(Specimen)**

I.....(Parents/Guardian) of
.....(Name of Student) who is studying in
..... hereby declare that my annual income from all
sources is Rs.....(in
figures)Rupees.....only (in
words).

If any stage, it is found that the information given by me is false/not true, all benefits given to the student under the scheme of "STUDENT AID FUND scholarship" could be withdrawn and legal action as deemed fit, may be taken against me or my ward.

Signature

Date:

(Father/Mother/Guardian)

Residential Address