

Present Postal Address:

INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR BHUBANESWAR

APPLICATION FORM FOR MERIT-CUM-MEANS SCHOLARSHIP & FREESTUDENTSHIP FOR STUDENTS (RENEWAL) FOR THE SESSION 2014-15

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LAST DATE OF SUBMISSION: 19th September 2014

N.E	B.: Before filling the form, read carefully the enclosed Notification, "List of Documents to be Submitted "along with the application				
1.	Name of Applicant:				
2.	Institute Roll No:				
3.	Category (GE/OBC/SC/ST) (Submitted Caste Certificate, if necessary)				
4.	E-mail ID:				
	Mobile Ph.No. of the Student, :				
5.	MERIT STATUS (For 2nd Year Students onwards)				
	a) GPA (Credit based weighted average) of preceding two semesters, i.e. SGPA of Autumn & Spring				
	Semester – 2013-14 without any backlog):				
	1. SGPA Autumn Sem: 2. SGPA Spring Sem:				
	GPA (Average)				
6.	MEANS STATUS: ANNUAL INCOME OF FAMILY				
	i) Father's Gross Annual Income :				
	ii) Mother's Gross Annual Income (if any) :				
	iii) Annual Income from other source ,if any :				
(i.e. Investment in Bank/ Post Office/UTI/LIC/ Share/Debenture/Landed property Income in the name of student etc. if any to be mentioned)					
	TOTAL of 5 (i) + (ii) + (iii) above:				
6.	Father's/Guardian's Occupation:				
7)	Mother's occupation :				
8)	i) Name of Father:				
	ii) Name of Mother :				
	iii) Name of Present Guardian :				

FOLLOWING DOCUMENTS TO BE SUBMITTED AS PER GUARDIANS' OCCUPATIONAL STATUS

A) If Employed: In Govt. or Pvt. Service

(Income/Salary Certificate in Form 'A' as stated in Annexure-III to be enclosed duly filled in along with attested copies all Income Tax documents for the current year, as asked in the item 1 a & b of Annexure-II 'List of documents to be submitted") to be enclosed.

B) If Businessman/ Agriculture/Medical/Legal Practitioner/ Retired without Pension/Self Employed/Private Tutor/Consultant /Agent etc.:

(Affidavit for Family Annual Income as per format given in Form 'B' -Annex: IV along with Income Certificate from Govt. authority, WHICH ARE MANDATORY.

Income Tax documents etc. as asked in the item 2 a & b of Annexure-II 'List of documents to be submitted".) to be enclosed) (Copy to be enclosed).

Following to be filled in case of Businessman. Medical	/ Legal Practitioner/	Consultant/ Agent etc. as applicable
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	2 showing to 20 miles in case of Businessman Medical / Legal Fractioner/ Consultant Agent etc. as applicable					
	i)	Name & Address of Firm /Organization/Shop :				
	ii)	Nature of Business/Trade :				
C)	C) <u>If Pensioner:</u>					
(PP Certificate in Form 'C' as stated in Annex; V with all relevant documents as asked in the item 3 (a) & II 'List of documents to be submitted".) to be enclosed.						
i) N	ame &	& Address of Ex-Employer:				
10)	Decl	aration_				

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i)

I declare the following:

- i. No disciplinary action has been taken against me by Institute in the preceding session 2009-10
- ii) I am not in receipt of any other Scholarship/Stipend /Fin . Assistance etc. from any other source.

iii) I have no back-log subjects in the preceding year 2013-14 and cleared all the prescribed curriculum up to preceding session2014-15.

Further I am aware that, if at any stage the information/statement given above, are found false/incorrect, my candidature will automatically be rejected and I shall be bound to refund the entire amount(if paid to me towards MCM Scholarship & Free studentship) to the Institute immediately.

SIGNATURE OF THE FATHER/ **GUARDIAN WITH DATE**

SIGNATURE OF THE STUDENT WITH DATE

Enclo.: Guardian's/ Annual Salary/Income Certificate/Affidavit in prescribed form with all requisite Income Tax documents for current year as asked.(Delete which is not applicable)

FORM-A

ANNUAL INCOME CERTIFICATE FOR THOSE GUARDIANS WHO ARE IN SERVICE (Govt or Pvt.)

	PART - I:	Income from Salary:		
	1. Name and Address of the Employer:			
	2. Certified that	is employed in th	nis Organization in	
	the post of (Design	nation/post held by the Employee)	, and	
	that the break-up of his Gross Annual Income from Salary received in the Financia			
	Year is as follows :			
	<u>ITEM</u>	TOTAL AMOUNT FOR 12 MONT	<u>CHS</u>	
	i) Basic Pay	:		
	ii) D/Pay	:		
	iii) DA/ADA/Relief	:		
	iv) Special Pay & Hono	rarium,		
	Bonus etc., if any	1		
	v) Other Allowances,	if any :		
	TOTAL Rs. :	· · · · · · · · · · · · · · · · · · ·		
	Employer's Signature:			
	Designation :			
	Date:	(Official Seal)		
N.B. : i.	 All the entries as stated above(Col.2) must be matched by attested copy of IT Form 16 / ITR Form for the corresponding year (current year) duly signed and sealed by the concerned I.T. Office. 			
i.	Guardians whose annual gross income is low and not required to file IT Returns(IT form 16) as per I.T. Rules in force, they have to submit a Certificate from Employer/Salary disbursing officer stating that their annual income is Not Taxable and they need not produce IT Form 16.			
ii.	. Attested copy of Annual Income Certificate for 2013-14 from Local District Authority as state		Authority as stated	

in Col. 2(b) of Annexure- II. Submission of these two documents are Mandatory for Lower

Income Group (who could not submit IT documents).

PART - II:

Income from other sources:

DECLARATION BY THE FATHER /GUARDIAN OF THE STUDENT

	I declare that my/my family's Annual Income from other sources during the Financia				
Year was as follows in addition to my Sa			ldition to my Salary Income:		
	Income from:				
	a) Landed Properties	(Certificate from	:Rs		
	Tahsildar/Gra	m Panchayat)			
	b) Agriculture		:Rs		
	c) Investment in Ban	k/Post Office	:Rs		
	d) Share Certificates/	Debentures	:Rs		
	e) Other sources		:Rs		
ı i to	Total v of Part -1(as stated	ahaya)	:Rs		
T 1 LU	Gross Annual Incom		n _o		
	Gross Annual Incom	e:	Rs		
	Further I declare that the information given above are true. I understand that the Merit-cum-Means Scholarship/Free Studentship/ if awarded to my son/daughter, is liable to be withheld or discontinued at the discretion of the authorities of the Indian Institute of Technology, Bhubaneswar, without assigning any reason. If subsequently (after award of MCM Scholarship to my ward) it is found that he/she has been granted any other Scholarship/Stipend /Fin. Assistance etc. by any Govt./Non-govt. organization for the same period, I shall bound to refund the entire amount of Scholarship/Free studentship/Stipend/Financial Assistance etc. to the scholarship awarding authority immediately. I shall also be personally held responsible for the refund of the Scholarship/Free studentship amount (paid to my son/daughter by the Institute) in the event of any information in this declaration and also in the enclosed scholarship application form, being proved incorrect later on.				
	Date:	Full Name:	ner /Guardian: de : /Mobile No, if any) :		