



INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR
BHUBANESWAR - 751013

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

Stamp Size
Photograph

LAST DATE OF SUBMISSION: 19th September 2014

N.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 (GEN/OBC /SC /ST) :
(Submit Xerox copy Caste Certificate, in case OBC/SC/ST)

4. Personal E-mail ID :

Mobile No. :

5. **MERIT STATUS (For the Students of 1st Year B. Tech Programme) :**

a) Percentage of marks (in 10+2/ Qualifying Exam. for JEE) :
(Attested copy of Marks Sheet & Certificate to be enclosed)

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 6 (i) + (ii) + (iii) above : Rs: _____

7. Father's/ Guardian's Occupation : _____

8. Mother's occupation : _____

Contd...2

: 2:

(If employed, Income/Salary Certificate as stated in Form "A" (Annex:III) with attested copies of Income Tax documents for the current year to be enclosed duly filled in)

9) i) Name of Father : _____

ii) Name of Mother : _____

iii) Name of Present Guardian : _____

(if parents are not alive and his relationship with student. Legal documents for such guardian, to be enclosed)

10) Present Postal Address :

Following to be filled in case of Businessman. Medical / Legal Practitioner/ Consultant/ Agent etc. as applicable:

i) Name & Address of Firm /Organization/Shop : _____

ii) Nature of Business/Trade : _____

11) Declaration

I declare the following:

i) I am not in receipt of any other Scholarship/Stipend /Fin .Assistance etc. from any other source.

Further I 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

Enco.: Guardian's/ Annual Salary/Income Certificate/Affidavitin prescribed form with all requisite Income Tax documents for current year as asked.

(Delete which is not applicable)

NOTE: 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 with Rs. 20 stamp for Family Annual Income as per format given in Form 'B' –Annex: IV along with Income Certificate from Govt. authority, 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).

C) if Pensioner :

(PP Certificate in Form 'C' as stated in Annex; V with all relevant documents as asked in the item 3 (a) & (b) Annexure-II 'List of documents to be submitted'.) to be enclosed.

i) Name & Address of Ex-Employer : _____

Annexure : III

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 this Organization in the post of (Designation/post held by the Employee) _____, and that the break-up of his Gross Annual Income from Salary received in the Financial Year _____ is as follows :

<u>ITEM</u>	<u>TOTAL AMOUNT FOR 12 MONTHS</u>
i) Basic Pay	:
ii) D/Pay	:
iii) DA/ADA/Relief	:
iv) Special Pay & Honorarium, Bonus etc., if any	:
v) Other Allowances, if any	:
TOTAL	Rs. : _____

Employer's Signature:

Designation :

Date:

(Official Seal)

- N.B. : i. All the entries as stated above 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 need not 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 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 Financial Year _____ was as follows in addition to my Salary Income:

Income from:

a) Landed Properties : Rs. _____
(Certificate from Tahsilder/Gram Panchayat)

b) Agriculture : Rs. _____

c) Investment in :Rs. _____
(Bank/Post Office/Unit Trust)

d) Share Certificates/Debentures : Rs. _____

e) Other sources : Rs. _____

Total :Rs. _____

+ (as stated above)

Gross Annual Income : 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. organisation 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:

Signature of the Father /Guardian: _____

Full Name : _____

Address with Pin Code : _____

Phone No. (Landline /Mobile No, if any) : _____