

Application Form: Scholarship for University Staff's Ward/Spouse

To be filled by Applicant (University Staff):

Employee Name: _____

Employee ID: _____ Designation: _____

Department/School: _____

Present Salary (Per annum): _____ Mobile Number _____

Details of Present Beneficiary:

Name of the candidate: _____

Relation with Employee: _____

Program: _____

Application No./Admission No. _____ Mobile No.: _____

Email ID: _____

Details of Previous Beneficiary, if any

Name of the candidate: _____

Program: _____

Admission No. _____ Year of Admission _____

Signature of Candidate

Signature of Employee

Date:

Note: Employees who get the benefit of Scholarship for their wards/Spouse, will not leave the institute till the completion of the programme, failing which the given scholarship shall be forfeited.

Compulsory Attachment: Copy of Admission Offer Letter
Photocopy of University ID card