

## 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