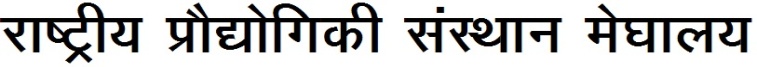
**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

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**Merit Scholarship Application Form**

**Session .............**

**Roll No:**

**Discipline:**

**Programme (M.Tech/B.Tech/Ph.D):**

**CGPA (latest):**

**Semester:**

**Personal Details**

1. **Name:**
2. **Nationality:**
3. **Category: ST SC GEN OBC PH**
4. **Gender: Male Female**
5. **Date of Birth: Year Month Date**
6. **Father’s Name:**
7. **Mother’s Name:**

|  |  |
| --- | --- |
|  | |
|  | |
|  | |
| **City:** | **State:** |
| **Pin Code:** | **Ph. No. of Parents:** |

1. **Mailing Address of Parents:**
2. **Bank Account Details:**

|  |  |
| --- | --- |
| **Bank Name & Branch:** | |
| **Account Holder’s Name:** | |
| **Account No:** | |
| **Savings/Current Account:** | **IFSC Code:** |

1. **E-Mail ID & Ph. No:**
2. **Alternate E-Mail ID:**

**12. Declaration by the Student:**

1. I hereby declare that the information given above is correct.
2. I am availing/ not availing any other scholarship from any other source.
3. **If Yes,** details of the source from where scholarship is availed and since when\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. I shall abide by the terms and conditions of the merit scholarship.
5. I undertake that if at any stage, it is found by the sanctioning authority 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 necessary amount, if any, will be refunded back to the Institute.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of the Candidate***

**13. For Office Use: (to be filled by departmental Office)**

A. Attendance % in the last Semester:

B. Disciplinary Conduct: (remarks in the form by disciplinary committee)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verified by Chairman, Disciplinary Committee**

**14. Verification or information to be furnished by the Head of Institute/Authority**

It is certified that the information filled in the above mentioned columns by Mr/Ms . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . S/o, D/o Mr. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . who is admitted in . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Programme for the academic year . . . . . . . . . . . . in . . . . . . . . . . . . . . . . . . . . . . Institute is correct.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the Head of Department/First Year Co-ordinator**

**Recommended:**

**Approved:**

**Chairman, Screening Committee Director, NITM**