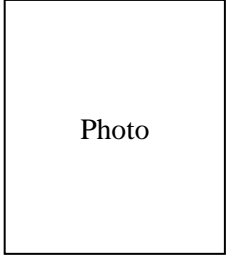




**UNIVERSITY OF ENGINEERING AND MANAGEMENT**  
**INSTITUTE OF ENGINEERING & MANAGEMENT**



Photo

**Please Tick appropriate Campus (√)**

**IEM Newtown Campus**     

**IEM Salt Lake Campus**     

**ALUMNI / STUDENTS' FINANCIAL AID AND SCHOLARSHIP APPLICATION FORM 2024-2025**

1. **Name of the Applicant:** \_\_\_\_\_
2. i) Department: \_\_\_\_\_ ii) Year: \_\_\_\_\_ (1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup>/Alumni)
3. iii) Semester: \_\_\_\_\_ (1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup>/5<sup>th</sup>/6<sup>th</sup>/7<sup>th</sup>/8<sup>th</sup>/NA)  
iv) Enrollment No. : \_\_\_\_\_ v) Class Roll No.: \_\_\_\_\_ vi) CGPA: \_\_\_\_\_ (attach grade cards)
4. **Address:** \_\_\_\_\_  
\_\_\_\_\_
5. (A) i) Father's Name.....ii) Father's Annual Income.....  
(B) i) Mother's Name..... ii) Mother's Annual Income.....  
(C) Annual Income from Other Sources.....
6. **Total Annual Family Income (A + B+ C): Rs.** .....
7. **Category** (General/SC/ST/OBC/EWS/Others): \_\_\_\_\_ (Self-attested photocopy of cast certificate to be enclosed)
8. Are you receiving any financial help from any other organization (Govt./ Private / Student Credit Card): **Put a (√)**  
(i) No        
(ii) Yes            If yes, give details: \_\_\_\_\_
9. **(A) Type of Scholarship (Put a √) :**  
(i) Single Semester Fees Waiver        
(ii) Half Semester Fees Waiver:        
(iii) Full Fees Waiver:        
(iv) Other financial assistance: (specify)        
**(B) Reason (Please √): (Supporting documents from competent authority to be enclosed)**  
(i) Job loss:        
(ii) Sudden medical emergency:        
(iii) Serious medical emergency:        
(iv) Death of earning member:        
(v) No family income:        
(vi) Others (specify)
10. **Provide your reason for scholarship/financial support :**  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration:**

*I hereby declare that all the information given above is true to the best of my knowledge. I am not in recipient of any other Scholarship/Stipend/Financial assistance etc. from any other source. I shall personally be held responsible, if at any stage it is found that, information(s) is/ are given in this form is/are false /incorrect as per the scholarship scheme, application is liable to be cancelled.*

**For Existing Student Only:**

Signature of the student: \_\_\_\_\_

Name of the Department: \_\_\_\_\_

Year & Roll Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

**For Alumni Only:**

Signature of Alumni: \_\_\_\_\_

Department & Year of Passing: \_\_\_\_\_

Name of the Employer: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact No.: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

