



भारतीय सूचना प्रौद्योगिकी संस्थान इलाहाबाद
Indian Institute of Information Technology Allahabad
An Institute of National Importance by Act of Parliament
Deoghat Jhalwa, Allahabad-211012 (U.P.) INDIA

Ph.: 0532-2922025, 2922067, Fax : 0532-2430006, Web : www.iiita.ac.in, E-mail : contact@iiita.ac.in

MERIT-CUM-MEANS AWARD SCHEME
APPLICATION FORM

Name of the Program	:	_____	
Batch Year	:	_____	
Enrollment No.	:	_____	
Current Semester/Year	:	_____	

1. Full name of the applicant	:	_____
2. Permanent Residential Address	:	_____ _____
3. Correspondence Address	:	_____ _____
4. Contact Number(s)	:	_____
5. Alternative e-mail id (other than IIIT-A)	:	_____
6. Annual income of Parents/Guardians from all Sources (Amount in Rs.)	:	_____
7. Income Certificate attached	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Income Certificate No. _____	:	Date of issue _____
9. Income Certificate Issuing Authority	:	_____
10. Undertaking given	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date : _____		Signature of the applicant : _____

List of necessary enclosure to be attached with the form:

1. Declaration/Undertaking by the applicant.
2. Annual Income Certificate of Parent/Guardian verified by Tehsildar/Collector of native District.
3. Xerox copy of I-Card & Fee Receipts of IIIT, Allahabad.
4. Xerox copy of Third & Fourth Semesters Grade Card

Note :-

1. Applications with all particulars, as above, will only be considered and incomplete ones will be rejected.
2. All enclosures as above must be invariably submitted by the applicants for want of any enclosure, the application will not be considered.
3. Applications submitted by the notified date will only be entertained.

DECLARATION/UNDERTAKING BY THE APPLICANT

I, _____ student of _____

Degree Course do hereby declare :-

1. That the annual Income of my parents/guardian is less than Rs. Five Lakh for the year _____.
2. That I am neither in receipt of, nor I have applied for the sanction of any other scholarship/financial assistance/freeship from any other source for the Academic Year _____.
3. I undertake that if at any stage, it is found that the above statements duly signed by me is false, I shall be liable to refund the entire amount of the scholarship assistance provided to me by the Institute in addition to other punitive action contemplated in respect thereof by the Institute.

Name of the Student : _____

Enrollment No. : _____

Signature of the Student : _____

Date : _____

Place : _____

BANK DETAILS

1. Bank A/c Number : _____

2. Name of the A/c Holder : _____

3. Name of the Bank
(with Branch and Address) : _____

4. IFSC Code of the Bank : _____

5. MICR Code of the Bank : _____

Signature of the applicant : _____