

## अधिष्ठाता (छात्र कल्याण) कार्यालय मोतीलाल नेहरु राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद इलाहाबाद- २११००४ (भारत)

## Office of the Dean (Student Welfare) Motilal Nehru National Institute of Technology Allahabad Allahabad- 211004 (India)

2017-18

## APPLICATION FORM FOR AID FROM STUDENT WELFARE FUND

| 1.                                | Name of the applicant(In capital             |   | tal letter) |  |         |  |  |
|-----------------------------------|--|---|-------------|--|---------|--|--|
| 2.                                | Registration                                 | on No. Class & Bra                        | nch         |  |         |  |  |
|                                   | (Attach bonafied Certificate)                |   |             |  |         |  |  |
| 3.                                | Hostel Name & Room No.                       |   |             |  |         |  |  |
|                                   | (Attach bonafied certificate from hostel)    |   |             |  |         |  |  |
| 4.                                | E-mail ID & Mobile No.                       |   |             |  |         |  |  |
| 5.                                | Place & Date of Birth                        |   |             |  |         |  |  |
| 6.                                | Name of the state from where the applicant   |   |             |  |         |  |  |
| ,                                 | Has beenadmitted to this Institute           |   |             |  |         |  |  |
| 7.                                | Full Address of student                      |   |             |  |         |  |  |
|                                   | (a) Permanent                                |   |             |  |         |  |  |
|                                   |  |   |             |  |         |  |  |
|                                   | (b) Presen                                   | nt  |             |  |         |  |  |
|                                   | (b) Tresent                                  |   |             |  |         |  |  |
| 8.                                | (a) Parents Name and Full Parent Address:    |   |             |  |         |  |  |
| 0.                                | (b) Occupation                               |   |             |  |         |  |  |
| 9.                                | (a) Guardian's Name and full present address |   |             |  |         |  |  |
| ٠.                                | (If parents not alive)                       |   |             |  |         |  |  |
|                                   |  |   |             |  |         |  |  |
| 10.                               |  | Total monthly income parent(s)/Guardian(s |             |  |         |  |  |
| 10.                               |  | itest Income Certific                     |             |  |         |  |  |
| 11.                               | CPI&SPI of all Examination passed in MNNIT   |   |             |  |         |  |  |
|                                   |  | attested copies of the                    |             |  |         |  |  |
| Year/Semester Examination Session |  |   |             |  | SPI/CPI |  |  |
| First Year                        |  | Semester -I                               |             |  |         |  |  |
|                                   |  | Semester-II                               |             |  |         |  |  |
| Second Year                       |  | Semester-III                              |             |  |         |  |  |
|                                   |  | Semester-IV                               |             |  |         |  |  |
| Third Year                        |  | Semester-V                                |             |  |         |  |  |
|                                   |  | Semester-VI                               |             |  |         |  |  |
| Forth Year                        |  | Semester-VII                              |             |  |         |  |  |
|                                   |  | Semester-VIII                             |             |  | 154     |  |  |
|                                   |  |   |             |  |         |  |  |

## DECLARATION TO BE DESPOSED BY THE STUDENT COUNTER SIGNED BY PARENTS/GUARDIAN

| I,                             | Student                                 | of Class                         |
|--------------------------------|---|----------------------------------|
|                                | in the Motilal Nehru N                  |                                  |
| Allahabad hereby solemnly      | affirm and declare that the particulars | furnished in application form ar |
| correct and true and that noth | ning has been concealed or withheld.    |                                  |
|                                |   |                                  |
|                                |   |                                  |
| Disco                          |   |                                  |
| Place:                         |   |                                  |
| Date:                          | Counter Signature of                    | Signature of student             |
|                                | Parets/Guardian                         |                                  |
|                                |   |                                  |
| Recommendation of:             |   |                                  |
| II 1 CD                        | CI' CW 1                                | Cl. CD                           |
| Head of Department             | Chief Warden                            | Chief Proctor                    |
|                                |   |                                  |
|                                |   |                                  |
|                                |   |                                  |
|                                |   |                                  |
|                                |   |                                  |
| Recommendation of student      | aid committee members:                  |                                  |