

## कार्यालय अधिष्ठाता (छात्र कल्याण) मोतीलाल नेहरू राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद

प्रयागराज - 211004

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

Email ID: deansw@mnnit.ac.in

Mobile 9415014474



## APPLICATION FORM AID SCHOLARSHIP

1.	Name of the applicant (In capital letter)						
2.	Registrati	on No. Class & Bran	nch				
	(Attach B	onafide Certificate)				******	
3.	Hostel Name & Room No.						
	(Attach Bonafide certificate from hostel)						
4.	E-mail ID & Mobile No.						
5.	Place & Date of Birth						
6.		Name of the state from where the applicant					
			mitted to this Institute		*******************		
7.	Full Address of student						
	(a) Permanent				• • • • • • • • • • • • • • • • • • • •		
	d > P				• • • • • • • • • • • • • • • • • • • •		
	(b) Preser	(b) Present			•••••		
0							
8.	(a) Parents Name and Full Parent Address:						
0	(b) Occupation						
9.	(a) Guardian's Name and full present addre (If parents not alive)						
	, I						
10.	(b) Occupation  Total monthly income parent(s)/Guardian(s)						
10.	(Attach latest Income Certificate)						
11.	CPI&SPI of all Examination passed in MNNIT						
X 1.1		ttested copies of the					
Year/S	Year/Semester Examination		Session		SPI/CPI		
First Year		Semester -I		· · · -			
		Semester-II					
Second Year		Semester-III		-		M.	
		Semester-IV					
Third Year		Semester-V					
		Semester-VI			**		
Forth Year		Semester-VII					
		Semester-VIII					
					n.		
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12. W	netner the s	students already in re	eccide of any s	anoiarsnib/stib	ena/aia from any	/ agency	



including hostels.....

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

I,	Student of	f Class						
Branch	in the Motilal Nehru N	lational Institute of Technology						
Allahabad hereby solemnly affir	m and declare that the particula	ars furnished in application form						
are correct and true and that noth	ing has been concealed or withl	neld.						
Place:								
_1								
Date:	Counter Signature of	Signature of student						
	Parents/Guardian							
Recommendation of:								
Recommendation of.								
Head of Department	Chief Warden	Chief Proctor						
Trode of Department								
Recommendation of student aid committee members:								

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