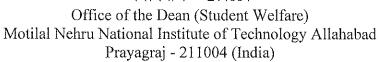


कार्यालय अधिष्ठाता (छात्र कल्याण) मोतीलाल नेहरू राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद

प्रयागराज - 211004





APPLICATION FORM AID SCHOLARSHIP

1. 2.	Name of the applicant (In capital letter) Registration No. Class & Branch						
۷.	(Attach Bonafide Certificate)						
3.	Hostel Name & Room No. (Attach Bonafide certificate from hostel) E-mail ID & Mobile No. Place & Date of Birth						
4.							
5.							
6.		ame of the state from where the applicant					
0.	Has been admitted to this Institute Full Address of student						
7.			strute	***************************************			
	(a) Permanent						
	(b) Preser	ent					
8.	(a) Parents Name and Full Parent Address:						
	(b) Occupation						
9.	(a) Guardian's Name and full present address						
	(If parents not alive)				• • • • • • • • • • • • • • • • • • • •		
10	` /	(b) Occupation					
10.	Total monthly income parent(s)/Guardian(s)						
11.	,	(Attach latest Income Certificate) CPI&SPI of all Examination passed in MNNIT					
11.			-				
Year/Semester Examination		Session	*************	SPI/CPI	i.		
First Year Ser Ser		Semester -I	50351011		SIDCII	-	
		Semester-II				_	
Second Year		Semester-III					
		Semester-IV					
Third Year		Semester-V	"				
		Semester-VI					
Forth Year		Semester-VII				7	
		Semester-VIII					

including hostels.....

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

I,	Student of	Class
Branch	in the Motilal Nehru Na	tional Institute of Technology
	affirm and declare that the particulars	
	othing has been concealed or withhe	~ ~
Place:		
Date:	Counter Signature of	Signature of student
	Parents/Guardian	9
Recommendation of:		
Head of Department	Chief Warden	Chief Proctor
•••••		
•••••		

Recommendation of student a	id committee members:	