

HARYANA WAQF BOARD
MEWAT ENGINEERING COLLEGE
Application form for different scholarships (2019-20)

*Dr.A.P.J.AbdulKalam/Abdul Hai/Dr.A.R.Kidwai/Differently
abled/Dr.AbdulMebeen/Abdul Hayie/Single Girl Child/Star of Mewat
Scholarships*

Scholarship Applied for.....



1. Name of Applicant [in Block letters]:
2. Date of Birth:(Day/Month/Year) Sex.....(Male/Female)
3. Father Name [in Block letters]: Category: GN/SC/ST.....
4. Father's Occupation/ Annual Income:
5. Guardian's Name (if any): Relationship.....
6. Adhar No.:.....
7. No. of Members in family:.....
8. Reference for verification with Mobile No.:.....
9. Admitted Branch and Semester:.....
10. Postal Address:
City:..... State:.....
Pin code:Mobile..... Email id:.....
11. Postal Address:
City:..... State:.....
Pin code:Mobile..... Email id:.....
12. Educational Qualifications:

| Examination | Names of Boards/Univ/School | Year | Marks obtained | % of marks |
|------------------|-----------------------------|------|----------------|------------|
| 10 th | | | | |
| 10+2/Diploma | | | | |
| | | | | |

(Applicant's Signature)

(Signature of Father/Mother/Guardian)

Date: _____

Please enclose the following documents:

1. Self-Attested Copies of Mark-sheets X, XII and Diploma
2. Parent's Income Certificate
3. Aadhar Card
4. Affidavit as per below format

Additional documents required for below said scholarships:

1. **Scholarship for differently abled students:** Certificate of percentage of differently abled issued by Chief Medical Officer/Civil Surgeon.
2. **Dr. Abdul Mubeen Scholarship:** Death or any other Certificate showing that the student is parent less.
3. **Single girl child Scholarship:** An affidavit from parents mentioned that she is their single daughter.
4. **Star of Mewat Scholarship:** Certificate from school mentioned that he/she is PCM topper of District Nuh. This certificate must be countersigned by the DEO, Nuh

Student Undertaking for Scholarship
(To be Submitted in form of Affidavit)

I, **Mr./Ms.**..... **Son/Daughter** of
..... **Resident of**

am aware that I would be required to maintain 75% attendance throughout the A.Y.2019-20. In case of failure to fulfill the attendance criteria, I would not be eligible to apply scholarship for the next Academic Year, due to which I shall be liable to pay full fee to the college.

I declare that I am unable to pursue B. Tech. without financial support as financial condition of my family very poor.

If any complaint of Indiscipline or Misbehavior from college or hostel is received against me, the College authorities will have every right to stop my scholarship.

I shall be liable to pay my fee to college within a week, if I avail benefit of Scholarship from MOMA or other agencies such as MET, M3M, HWB and others.

I also understand that, at any stage if the scholarship form is rejected /not approved during verification process by the competent Scholarship Authority, then I agree to pay full college fee without any delay.

I further agree to abide by all the norms laid down by the Competent Scholarship Authority governing and granting Scholarship from time to time in the college.

SIGNATRE OF CANDIDATE
Permanent Address

NAME AND SIGNATURE OF WITNESS 1:

NAME AND SIGNATURE OF WITNESS 2: