

**APPLICATION FOR THE AWARD OF
SCHOLARSHIP FOR THE ACADEMIC YEAR 2016-17**

APPLICATION FOR RENEWAL OF SCHOLARSHIP

Welcome to the SRM University Scholarship office. You can use this form to apply for renewal of SRM Scholarships which aims to recognize and reward the merit students with academic performance and exemplary skills, sports, need based, minority and differently abled and others.

University Scholarship offered to:

1. I – Founder’s Scholarship II – University Scholarship

2. Category with code:

I - Founder’s Scholarship		II - University Scholarship	
Code	Category	Code	Category
1.1	SRMEEE Scholarship	2.1	Merit Scholarship
1.2	Other Special Merits	2.2	Other Special Merit
1.3	Sports	2.3	Sports
1.4	Need Based	2.4	Need Based
1.5	Minority Community	2.5	Minority Community
1.6	Differently abled	2.6	Differently abled

3. Name of the Student :

4. Program & Branch :

5. Campus :

6. Register Number :

7. Student Mobile number :

8. Year of study (✓) : I II III IV V

9. Student mail address :

10. SRM Scholarship availed details:

Academic Year	Type of Scholarship	% of fee waiver	Amount (Rs.)
2012-13			
2013-14			
2014-15			
2015-16			

DECLARATION

I hereby declare that I have carefully read the document and that the information provided by me is true and correct. I agree that the SRM University has every right to amend the norms for the award of scholarship from time to time. I also understand that the decision of the SRM University is final and binding in awarding scholarship.

Norms for Renewal:

- i. For Category code: 1.1 & 2.1:
 - ✓ No arrears at any point of time and
 - ✓ CGPA \geq 9.000 at the end of the First/Second/Third year
- ii. For Category code: 2.2 to 2.7 and 2.2 to 2.7:
 - ✓ No standing arrear and
 - ✓ CGPA \geq 7.000 in every year

Note:

- Renewal application should be submitted on or before **20.07.2016** to the Head of the Institution.
- Incomplete application is liable to be rejected.
- The decision of the scholarship committee would be communicated to the selected candidates.

Date:

Signature of the Student

To be filled by the Class in-charge/Counselor:		
CGPA up to _____ Semester	:	
Conduct and Character	:	
Signature	:	

HODs are requested to forward this application directly to Head of the Institution and **not through the Students.**

HOD's Remarks and Recommendation:

Head of the Department
(Signature with Seal)

Head of the Institution
(Signature with Seal)