

## **APPLICATION FOR BIT FINANCIAL ASSISTANTSHIP (MO 2024)**

Please tick ( $\sqrt{}$ ) the following category for which you want to apply. The students are advised to go through the notice carefully before filling in the application form.

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1.	BIT Financial Assis	tantship	on Sudden Demise of the Earning Member of the Family	

2. BIT Financial Assistantship to the Staff Wards

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Name of the Student	:			Roll No.	:	
Campus				Program		
Batch	:			Semester	:	
GPA (SP 2024)	:			Parents Annual Income	:	Rs
Caste	•	GEN / EWS / SC / C ST / OBC / EBC / NCL	Gender :	Income from other sources (if any)	:	Rs
Mobile No.(Student)	:			Email (Student)	:	
Father's Name	:			Occupation	:	
Mobile No.	:			Email	:	
Mother's Name	:			Occupation	:	
Mobile No.	:			Email	:	
Father's Employment	Det	ails (applicable for staff w	ard):			
Name:		Emp. Code:	Designation:	Basic P	ay o	r Consolidated Pay:
Mother's Employment	Det	tails (applicable for staff w	vard):			
Name:		Emp. Code:	Designation:	Basic P	ay o	r Consolidated Pay:
Permanent Address	:					
Name, Address with N	Лobi	le No and Email ID and F	Profession of Guardian (if	parents are not alive	e):	
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## **Enclosures:**

- 1. BIT Financial Assistantship on Sudden Demise of the Earning Member of the Family:
  - a) Death Certificate.
  - b) In case of any earning member in the family, latest Income Certificate of member issued by a Gazetted Officer not below the rank of CO/SDO/Tehsildar or ITR of the members, needs to be submitted.
- 2. BIT Financial Assistantship to the Staff Wards
  - a) Latest Salary Slip of Employee (Father / Mother)
  - b) In case of income from other sources such as pensions, latest Income Certificate of parents issued by a Gazetted Officer not below the rank of CO/SDO/Tehsildar or ITR, needs to be submitted.

## UNDERTAKING FOR BIT FINANCIAL ASSISTANTSHIP MONSOON (MO) 2024

IRoll No.
S/o / D/oam a student of BIT(Campus) hereb
undertake that:
1. I am applying for BIT Financial Assistantship for MO 2024 based on my results of SP 2024.
2. I am fulfilling the eligibility criteria as laid down in the notice [Ref.: DoSA/2024-25/4: Dated 10.03.2025] for BIT Financial Assistantship.
3. I have not received any other scholarship/freeship/financial aid from other agencies during the MO 2024 period.
I hereby declare that the information furnished by me in this application is true and correct to the best of my knowledge. I shall abide by the decision of the Competent Authority. If the Institute finds that have availed scholarship from any other source for the same period, then the Institute reserves the right to take disciplinary action against me including the recovery of the amount of assistantship availed.
Signature of the Student Countersigned by the Parents/Guardian
Date:
Place: