



**MARIAN COLLEGE  
KUTTIKANAM**  
AUTONOMOUS  
MAKING COMPLETE

**MARIAN COLLEGE KUTTIKANAM AUTONOMOUS  
MASTER OF BUSINESS ADMINISTRATION**

**MIM CARE - Scholarship Application**

Name of the applicant : -----

Class :----- Roll No: -----

Gender : -----

Permanent Address : -----  
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Contact No : ----- Mail Id:-----

Hosteller/Day scholar : -----Hostel: -----

Occupation of parents : Father:----- Mother:-----

No. of Siblings : -----

Annual income: : Rs.-----

Religion & Community : -----

Do you get any other scholarships/Stipends from other sources? If yes, mention the amount and the source : -----

Percentage of marks obtained in last University/ Board Examination: -----

Bank Account Number: ----- IFSC Code: -----

Account holder's Name: -----

Bank & Branch Name: -----

I, ----- certify that all the particulars given above are true to the best of my knowledge and belief. If found incorrect at any time, I will be personally liable to refund the whole amount.

Name and Signature of the Student

*Copy of documents to be attachments:*

- Income certificate/ration card
- The relevant page of the SSLC book
- The degree mark list
- Front page of the Bank Passbook

***FOR OFFICE USE***

Application received on : -----

Interview done on : -----

Comments and Recommendation of the Mentor: -----

Name Signature :

Recommendation by Director/Deputy Director

Signature.....

Strongly Recommend	Recommend	Not Recommend
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Recommendation by the Scholarship in charge: ----- Signature: -----

Amount Sanctioned : -----

Sanctioned by : The Administrator, Marian College Kuttikkanam Autonomous

Signature :

Date :