### B. H. U. Alumni Association, Mumbai

408, Sai Chambers, Near Rly. Station, Santacruz (E), Mumbai - 400 055

Tel.: (022) 2616 5222, 2618 8875 - Fax: (022) 2610 0938

Email: bhuaam2012@gmail.com, superprints09@gmail.com



4th November 2014

IIT (BHU) Varanasi - 221 005, U.P.

Email : director@itbhu.ac.in, registrar@iitbhu.ac.in

sangal.cse@itbhu.ac.in

Dear Sir

Sub: 2 Scholarships for academic year 2014-15

We are pleased to award 2 scholarships each of Rs. 5000 for the academic year 2014-15, on merit cum means basis. These scholarships are for graduation courses in any discipline of IIT. Preference may be given to girl students.

The process of selection will be 'on Merit cum Means basis'. Kindly forward only 4 applications to us for final selection.

The application should be made in our 2 page Application form (attached herewith) to be forwarded through HOD / Dean / Principal.

We will appreciate if you could do the needful so that we receive the forms for our consideration by end of November 2014.

Please acknowledge receipt of this letter & your action taken.

Thanking you.

For B.H.U. Alumni Association, Mumbai

(J. K. Jain) President

Attached: 2 page Application Form

ON THE PROPERTY OF THE

Vice Presidents
R. K. Mehra
(M) 98212 83630
mehrark@bharatpetroleum.in

jainendra\_jain@hotmail.com

Vice Chief Patron

rgrajan@rcfltd.com

Chairman Projects & Member – BHU Court

gsa1931@gmail.com

G. S. Agrawal (M) 98922 49300

President J. K. Jain

(M) 98207 57432

R. G. Rajan CMD – RCF Ltd. (M) 98199 91155

K. C. Jain (M) 93222 31843 kcjain@gangwalchem.com

Secretary Nilesh K. Vikamsey (M) 98207 82431 nkaramsey@rediffmail.com

Treasurer
C. P. Dikshit
(M) 99872 18955
dikshit2007@yahoo.co.in

Joint Secretary Sanjeev Kumar (M) 93206 63737

Skumar222@live.com





## B.H.U. Alumni Mumbai Welfare Trust

408, Sai Chambers, Near Rly. Station, Santacruz (E), Mumbai - 400 055 • Tel.: 2610 0938 Email: mumbai\_bhualumni@yahoo.co.in Regd. U/S 80 G of the I.T. Act

#### APPLICATION FORM FOR SCHOLARSHIP

ANNEXURE A - INFORMATION ABOUT THE STUDENT

	Name of the professional	Course		
	during academic year 201	4 – 2015		The second second second
•	Name & address of Institu	tion :		
-		Meline Science and Control		
•	Previous Academic Reco	Year of Passing	Percentage of marks obtained	Name of Institution / Board
	a) S.S.C. Exam.(10 <sup>th</sup> )			
	b) H.S.C. Exam.(12 <sup>th</sup> )			
	c) Latest Examination	: <del></del>		
ę	Your proficiency in extra-c			
9	Are you getting any other s If your answer is 'YES' ple			nt. YES / NO
	What is the estimated ann	ual fee for the co	ourse, during 2014 - 2015	5
•		elfare Trust at		return atleast the same amount ing the job) to enable other nee Yes / No
929	Please give some more in	formation about	yourself to strengthen yo	ur case for the scholarship.
				* * * * * * * * * * * * * * * * * * *
la	ice:			
	te:			Signature of student

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#### ANNEXURE B - INFORMATION ABOUT THE PARENTS / GUARDIAN

Residentia	al addre	ss with To	el., Cell, Fax, E	Email :						
(a) Preser	nt			· · · · · · · · · · · · · · · · · · ·						
(b) Perma	enent _	2 10 (2-1-1-1)			, , , , , , , , , , , , , , , , , , , ,	E. 25.	- 401		<b>E</b> [1.78	- 4
en e		CALL PAR		1074 x 255			SVA - CITET	The second		- n <sub>5</sub> , See
Address fo	or corre	spondenc	ce:							
				==						
			ervice / profes organization	sional / S	elf employe	ed / Any c	ther			
(a) Name	& addre	ss of the	1/7/	sional / S	elf employe	ed / Any c	ther			
(a) Name	& addre	ess of the	organization	sional / S	elf employe	ed / Any c	ther			
(a) Name (b) Preser	& addre	on held _	organization	sional / So	elf employe	ed / Any c	ther			
(a) Name (b) Preser	& addre	on held _ s income	organization of the parents	sional / So	elf employe	ed / Any c	ther			
(a) Name (b) Preser Annual To Specific re Whether A If Yes: (a)	& addre	on held s income or asking	organization of the parents	(Rs.) Yes / N	elf employe	ed / Any o	ther			

- Note: 1. This form should be signed by parents / guardian. Only in special circumstances, the student may fill up the above details & sign.
  - 2. This from should be forwarded through your department's HOD / Dean / Principal.