

COEP TECHNOLOGICAL UNIVERSITY, PUNE

A Unitary Public University of Government of Maharashtra (formerly College of Engineering Pune) Wellesley Road, Shivajinagar, Pune - 411005.

NON-GOVERNMENT SCHOLARSHIP SECTION

-: Application form for various schemes of financial assistance in COEP Tech.:-

Date of Birth: Pear: FY/SY/TY/LY B.Tech./M.Tech. Branch: Category: MIS number: Accounts number at SBI: Contact Number: (Mobile) E-mail: (College) E-mail: (Personal) Are you availing of any scholarship? (if YES, provide details)- Permanent address: Local address: Contact details: Family background (in brief): Name Age Age Education Occupation Annual Income Father Mother Brother 1. 2. Sister 1. 2. Other 1. 2. Other 1. Dependents CGPA Academic record: SSC - HSC / Diploma CET Rank CGPA	Name of the	student:						
MIS number: Contact Number: (Mobile) E-mail: (College) E-mail: (Personal) Are you availing of any scholarship? (if YES, provide details)- Permanent address: Contact details: Contact details: Contact details: Contact details: Name Age Education Occupation Annual Income Father Mother Brother 1. 2. Sister 1. 2. Other 1. Dependents 2.	Date of Birth:				Year: FY/SY/TY/LY B.Tech./M.Tech.			
Contact Number: (Mobile) E-mail: (College) E-mail: (Personal) Are you availing of any scholarship? (if YES, provide details)- Permanent address: Local address: Contact details: Contact details: Family background (in brief): Name Age Education Occupation Annual Income Father Mother Brother 1. 2. Sister 1. 2. Other 1. Dependents 2.	Branch:				Category:			
E-mail: (College) Are you availing of any scholarship? (if YES, provide details)- Permanent address: Local address: Contact details: Contact details: Family background (in brief): Name Age Education Occupation Annual Income Father Mother Brother 1. 2. Sister 1. 2. Other 1. Dependents 2.	MIS number:				Accounts number at SBI:			
Are you availing of any scholarship? (if YES, provide details)- Permanent address: Contact details: Contact details: Family background (in brief): Name Age Education Occupation Annual Income Father Mother Brother 1. 2. Sister 1. 2. Other 1. Dependents 2.	Contact Number:				(Mobile)			
Permanent address: Contact details: Contact details: Contact details: Family background (in brief): Name Age Education Occupation Annual Income Father Mother Brother 1. 2. Sister 1. 2. Other 1. Dependents 2.	E-mail: (College)				E-mail: (Personal)			
Contact details: Contact details: Contact details: Contact details: Family background (in brief): Name Age Education Occupation Annual Income Father Mother Brother 1. 2. Sister 1. 2. Other 1. Dependents 2.	Are you availing of any scholarship? (if YES, provide details)-							
Family background (in brief): Name	Permanent address:				Local address:			
Family background (in brief): Name								
Family background (in brief): Name								
Name Age Education Occupation Annual Income Father Mother Brother 1. 2. Sister 1. 2. Other 1. Dependents 2.	Contact details:				Contact details:			
Father	Family background (in brief):							
Mother 1. Brother 1. 2. 2. Other 1. Dependents 2.		N	lame	Age	Education	Occupation	Annual Income	
Brother 1. 2. Sister 1. 2. Other 1. Dependents 2.								
2.								
Sister 1. 2. Other 1. Dependents 2.	Brotner							
Other 1. Dependents 2.	Sister							
Dependents 2.		2.						
Academic record: SSC - HSC / Diploma CET Rank CGPA	Dependents	2.						
Please mention the details about your expenditures								
	1 Callaga	Total amount		ho	how are you planning to manage these expenses?			
College fee Hostel fee	1. College fee							
	Hostel fee Mess bill per month							
4. Any other expense	·							

Why do you need scholarship? Justify your need						
-: Declaration :-						
background mentioned in this application form is t	tion regarding my social, academic and financial true. I am aware that, any of the above mentioned my candidature for receiving or continuing the					
I wish to recommend following two names with the contact details of the persons (who are not relatives of mine but they know my social & financial background e.g. teacher, doctor or neighbor from the native place) for verification of this information.						
Person 1:	Person 2:					
Name: Affiliation: Address:	Name: Affiliation: Address:					
Contact number: (Mobile	Contact number: (Mobile)					
Name of the student	Signature					
Place: Pune						
Date:						
*************	*************					
Please remember						

- 1) Submission: Hard copy printout at the Security Person of Academic Complex
- 2) Do not attach any supporting document to this form except your photograph