



NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA, SURATHKAL
P.O. SRINIVASNAGAR - 575 025

No. BRS/NITK/2020-21/E4

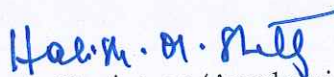
Date: 15.01.2021

NOTICE

It is to notify that a trust in the name of **Dr. B.R.SAMAGA** has been constituted in the Institute, for the award of a one-time scholarship to a very poor student of NITK II year B.Tech. and who stays in NITK Hostels with following conditions.

1. The student should be in Second year B.Tech. class.
2. Should be very poor economically (to be judged by committee constituted by the Trust)
3. The amount of scholarship will be adjusted TOWARDS HIS / HER MESS BILL.
4. The student should secure SGPA 6 and above Grade in both the semesters of the FIRST year B.Tech. CLASS.

The students who are willing to apply for "Dr. B R Samaga Scholarship" are informed to download the application from Institute webpage, i.e. www.nitk.ac.in. Forms duly filled in all respect with necessary documents and filled application form can be sent to e4asst-academic@nitk.edu.in, on or before **29.1.2021**. No application will be entertained after due date. Photo copy of the previous two semesters Grade card is to be attached along with the application. Only One 2nd year B.Tech. candidate is eligible for sanction of above scholarship.


Asst. Registrar (Academic)

- To:
1. All HODs for information
 2. Chairman Scholarship Committee, Dean (P&D), Dean (students Welfare), Registrar, Joint Registrar, Asst. Registrar (Academic's)
 3. Chairman CCC kindly arrange to upload in the Institute website for the information of the concerned students.
 4. The Senior Scientific Officer for information
- Copy submitted to the Director and Deputy Director for kind information.

NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA, SURATHKAL

Dr. B.R. SAMAGA TRUST SCHOLARSHIP (2020-21)

APPLICATION FORM

Name of the student :

Contact No.:-

Branch :

Roll.No. :

Hostel Block No./Room No. :

II sem. CGPA :
(Xerox copy of marks card enclosed)

Name of the Father :

Occupation :

Annual Income :
(Xerox copy of Income certificate enclose)

No. of members in family :

Any other information :

Permanent address :

Date:

Place:

(Signature of the candidate)