



INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)

Dundigal, Hyderabad-500 043

INSTITUTIONAL SCHOLARSHIP FORM

ACADEMIC YEAR 2025-26

Application No: _____

Date : _____

1	Name of the Student		
2	Roll No		
3	Mobile Number		
4	E Mail		
5	Category		
6	X Marks (Grade / Percentage)		
7	XII Marks (Grade / Percentage)		
8	B.Tech - CGPA (Up to current semester)		
9	Attendance of previous academic year	Odd:	Even:
10	Scheme	Merit / Sports / EBC / PH	

1. Details of the family members:

Parent Details		Nature of the Job (Government / Private)	Annual Income	Income from other sources
Father Name				
Mother Name				
Total Income in Rs.				

2. Any other Scholarship / Financial Assistances, since your admission in IARE – give details

S. No	Name of the Scheme	Amount

3. Any other source of Scholarship / Financial Assistance from IARE – give details

1	Whether availed fee concession from IARE in previous years	Yes		No	
2	Amount of Fee concession availed				
3	Year of Fee concession availed				

4. Details of Re-appear / Pending Courses if any (Write Course Code and Course Name)

5. Details of Penalty imposed for act of indiscipline by Board of Discipline committee

6. Whether availed fee loan: give details of Name of the Bank, Loan amount and Branch name

Enclosures:

1. Copies of the all marks sheets of SSC, Intermediate
2. Copies of the all marks sheets of Previous years (B.Tech /M.Tech /MBA)
3. Valid Income Certificate.

I do hereby affirm and declare that the information given above and in the enclosed documents is true and correct to the best of my knowledge belief and nothing material has been concealed therein. I am well aware that in case I found guilty of giving false information or concealment of facts herein and in case any of any of the attached documents / certified etc. Are found fake / wring, i will be personally responsible for the same and i will be liable to be punished with imprisonment or fine as or the relevant provision of Law. Also undertake that the benefits availed by me furnishing such false information of concealment of fact shall be liable to be summarily withdrawn and I undertake to refund the financial benefits availed by me.

Signature of the Student

Signature of Parent/ Guardian

Signature of HOD

Comments and Recommendations of the Committee
Recommended / Rejected
Recommended Scholarship amount:

Special Remarks, if any:

Convener

Member

Member

Member

PRINCIPAL