

MAHER SCHOLARSHIP FORM – RENEWAL APPLICATION ACADEMIC YEAR: 2025-2026

Candidates are requested to verify the following basic eligibility criteria for MAHER Scholarship before filling the application form

- ♣ Candidates should have passed all the subjects of previous semester/year in first attempt with percentage of 60% and above in the previous academic year or 60% average in previous two semester examinations.
- ♣ Candidates should apply with appropriate documents to support their eligibility for scholarship

	♣ Students should have a minimum of 80% attendance per semester/ year.				
	♣ Candidates should not have any fee due at the time of application (Tuition, Transport,				
	Hostel, Mess fees)				
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1.	Name of the Student:				
2.	Registration Number:				
3.	UMIS ID:				
4.	Program admitted:				
5.	Month / Year of Admission:				
6.	Year of study: (IYr/IIYr/IIIYr/IVYr/PG):				
7.	Name of the Faculty / College:				
8.	Phone No. / Mail Id:				
9.	Are You Receiving Any Other Scholarships / Fee Reimbursement?				
	If Yes, Please Mention the Following				
	Name of the Scheme:				
	Sponsoring Body:				
	Amount of Scholarship sanctioned / Fees Reimbursed:				
10.	Category under which the scholarship was awarded in the fresh application:				
	(Atleast one category should be selected)				
	Candidates who have scored more than 90% in the qualifying exam except				
	SC/ST students irrespective of the board of study				
	☐ Students from Socially Challenged background (SC /ST) who have scored 60%				
	or more in the qualifying exam irrespective of the board of study				
	Children of a single parent with an annual income less than Rs.1,20,000/- per year				

Children who have lost both parents						
Children of ex-servicemen who serve	d in Defence Forces in any cadre.					
_	☐ Children of MAHER employees.☐ Siblings of MAHER Student/Alumnus.					
= ~						
Candidates who are to become the fir	st graduate in the family					
Physically challenged candidates						
MAHER alumnus enrolled for Higher	r Education (Post graduates)					
11. Whether previous exam was passed in the first attempt? YES / NO						
JOINT D	<u>DECLARATION</u>					
I S/o./	/ D/o./C/o	_				
hereby affirm that the particulars given in the a	pplication are true and correct. I / We also	o				
agree to abide by the Rules and Regulations of M	Ieenakshi Academy of Higher Education and	d				
Research.						
Date: Signature of the Candidate	Signature of the Father/Guardian	1				
Date: Signature of the Candidate		n				
Date: Signature of the Candidate	USE ONLY	n.				
Date: Signature of the Candidate FOR OFFICE 1	USE ONLY F THE INSTITUTION / FACULTY	n .				
Date: Signature of the Candidate FOR OFFICE	USE ONLY F THE INSTITUTION / FACULTY that led to					
Date: Signature of the Candidate FOR OFFICE OF CERTIFICATE FROM THE HEAD OF Any disciplinary action taken against the student	USE ONLY F THE INSTITUTION / FACULTY that led to	1				
Date: Signature of the Candidate FOR OFFICE D CERTIFICATE FROM THE HEAD OF Any disciplinary action taken against the student suspension (Examination malpractice /ragging / statement)	USE ONLY F THE INSTITUTION / FACULTY that led to					
Date: Signature of the Candidate FOR OFFICE D CERTIFICATE FROM THE HEAD OF Any disciplinary action taken against the student suspension (Examination malpractice /ragging / statement)	USE ONLY F THE INSTITUTION / FACULTY that led to	n				
Date: Signature of the Candidate FOR OFFICE OF CERTIFICATE FROM THE HEAD OF Any disciplinary action taken against the student suspension (Examination malpractice /ragging / splease specify	USE ONLY F THE INSTITUTION / FACULTY that led to					
Date: Signature of the Candidate FOR OFFICE OF CERTIFICATE FROM THE HEAD OF Any disciplinary action taken against the student suspension (Examination malpractice /ragging / splease specify	USE ONLY F THE INSTITUTION / FACULTY that led to					
Date: Signature of the Candidate FOR OFFICE IS CERTIFICATE FROM THE HEAD OF Any disciplinary action taken against the student suspension (Examination malpractice /ragging / splease specify Any other remarks: Signature of Head of the Department	USE ONLY F THE INSTITUTION / FACULTY that led to anyother) Signature of Head of the Institution					

CERTIFICATE FROM THE EXAMINATION SECTION

(To be filled by the Examination Section)

	GPA Score secured b	y the student in the la	st two semesters			
S.No	Semester/ Academic Year	Percentage of Marks / GPA				
1.						
2.						
3						
Any o	Any other remarks:					
Date: Signature of the Controller of Examinations with Seal						
CERTIFICATE FROM THE ACCOUNTS SECTION						
(To be filled by the Accounts Section)						
Tuitio	n fees to be paid					
	l tuition fee paid					
Tuitio	n fee due for the current semeste					
Tuition fee due for the previous semester (For scholarship						
renewal only)						
Other dues (Hostel, Transport, Mess etc.)						
Total dues to be paid						
Any other remarks:						
Rema	rks:					
Signat	ture of Manager(Scholarship	& Tuition Fees)	Signature of Finance Officer			
Date:			Date:			
•••••						
Rema	rks:					
ELIG	IBLE / NOT ELIGIBLE	AMOUNT-				
Date:		Dean - Student Affairs Date :				
		VED / NOT APPRO				
Date :			Registrar			