



NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA, SURATHKAL

P.O. SRINIVASNAGAR – 575 025

No. BRS/NITK/2019-20/E4

Date: 17.9.2019

### 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 for 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 will be paid as the scholarship NOT IN CASH, BUT 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 advised to collect application form from the Academic Section in all working days or can download the same form from Institutes webpage, i.e. [www.nitk.ac.in](http://www.nitk.ac.in). Forms duly filled in all respect with necessary documents should reach to **Academic Section on or before 27.9.2019 at 5.00 p.m.** No application will be entertained after due date. Xerox copy of the previous two semesters Grade card is to be attached along with the application.

Asst. Registrar (Academic)

- To:
1. Director for information
  2. All HODs for information
  3. Chairman Scholarship Committee, Dean (P&D), Dean (students Welfare), Registrar, Joint Registrar, Asst. Registrar (Academic's)
  4. Supdt. (Academic/A/cs)
  5. Chairman CCC for uploading documents in the Institute webpage.
  6. All Notice Boards

NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA, SURATHKAL

Dr. B.R. SAMAGA TRUST SCHOLARSHIP (2019-20)

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)