NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA, SURATHKAL

P.O. SRINIVASNAGAR – 575 025

No. BRS/NITK/2024-25/E4 Date: 21.01.2025

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 IInd year B.Tech. and who stays in NITK Hostels with following conditions for the academic year 2024-25.

1. The student should be in Second year B.Tech. class.
2. He/She should be very poor economically (to be judged by committee constituted by the Trust)
3. The amount will be paid as the scholarship Rs. 5,000/- 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.
5. Only one candidate shall be eligible for award of one time scholarship.

The students who are willing to apply for "Dr. B R Samaga Scholarship" are informed to download the application form from the Institutes webpage, i.e. www.nitk.ac.in. Forms duly filled in all respect with necessary documents and filled application form (Hard Copy) can be submit to E4 Asst. Academic Section on or before **5.02.2025**. No application will be entertained after due date. Xerox copy of the previous year Grade Card is to be attached along with the application.

Sandhya

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')
3. Professor Incharge CCC
4. The Senior Scientific Officer kindly arrange to upload the documents in the Institute webpage.

NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA, SURATHKAL

Dr. B.R. SAMAGA TRUST SCHOLARSHIP (2024-25)

APPLICATION FORM

Name of the student : Contact No.:-

Roll.No. :

Hostel Block No./Room No. :

I Year 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)