



MARRI LAXMAN REDDY

INSTITUTE OF TECHNOLOGY AND MANAGEMENT

(AN AUTONOMOUS INSTITUTION)

(Approved by AICTE, New Delhi & Affiliated to JNTUH, Hyderabad)

Accredited by NBA and NAAC with 'A' Grade & Recognized Under Section 2(f) & 12(B) of the UGC act, 1956

INSTITUTIONAL SCHOLARSHIP FORM

ACADEMIC YEAR 2025-26

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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	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 MLRITM – give details

S. No	Name of the Scheme	Amount

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

1	Whether availed fee concession from MLRITM 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 marks sheets of SSC, Intermediate or equivalent
2. Copies of the all-marks sheets of Previous years (B. Tech /M. Tech /MBA)
3. Valid Income Certificate.

Declaration:

I hereby affirm that the information provided by me in this application and in the accompanying documents is true, complete, and accurate to the best of my knowledge and belief. I further declare that no material information has been concealed.

I fully understand that if any information furnished by me is found to be false or if any document submitted is found to be forged or misleading, I shall be held personally responsible. I am also aware that such actions may attract penalties under applicable laws, including but not limited to fines and/or imprisonment.

Furthermore, I undertake to immediately return any financial benefits received by me on the basis of such false information or misrepresentation, and I accept that such benefits shall be summarily withdrawn.

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-1

Member-2

Member-3

DIRECTOR