

# IAAT Resident Scholarship Form

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1. Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Category: GEN \_\_\_\_ SC \_\_\_\_ ST \_\_\_\_ OBC \_\_\_\_  
(Certificates will be needed as per your declaration of category)
4. Marital Status: \_\_\_\_\_
5. Are you financially dependent on your family? \_\_\_\_\_ (Yes/ No)
6. Are your family members dependent on you? \_\_\_\_\_ (Yes/ No) How many? \_\_\_\_\_
7. How many people including yourself depend on your family income for daily living expenses? \_\_\_\_\_
8. Total annual Income of your family: \_\_\_\_\_
9. **Family Member Listing:** Provide the following information about your family members:

Name	Relationship	M/F	Age	Educational/ Professional Qualification	Annual income (if applicable)	Marital Status (If applicable)

*(Add rows if needed)*

10. What documentation will you be providing to verify income and asset information requested on this form? *(Tick from below)*

Tax forms \_\_\_\_\_ Statement from employer \_\_\_\_\_

Other (specify — for example, bank statement) \_\_\_\_\_

11. Have you worked professionally prior to this? If yes, what was your last drawn salary?

12. If opting for scholarship option, explain why should you be considered for scholarship?  
How do you think you would contribute to the institute and the larger system of education?

I declare that the information on this form is true, correct, and complete. I Am A Teacher has my permission to verify the information reported by obtaining documentation as needed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Academic year: \_\_\_\_\_

\* **Privacy Policy:** Information shared in this document will be treated as confidential