



APPLICATION NO.
(for official used only)

PART I – Personal
Information of the
Applicant

Indian Institute of Management, Indore

Application for IIMI Need-based Financial Assistance: 2015-16

The applicants for Need-based Financial Assistance (NBFA) are advised to ensure that the information given by them in this form are factual to the best of their knowledge. Detection (or reported by any source) of false information provided by the applicant, at any stage of the programme, will lead to termination of the financial assistance or the recipient will be asked to refund the entire amount drawn upto that point of time, or any other measure deemed fit by the Institute. The Institute would use the information provided here only for the stated purpose and it will be held in strict confidence.

Please go through the instruction sheet before filling the information in this application form. The instruction sheet is provided at the end of the application form.

Part I – Personal Information of the Applicant

Personal Information of the Applicant:

1. Name in BLOCK letters

Last First Middle

2. PGP Reg. No. _____ PGP Roll No. _____

3. Present Address:

4. Permanent Address:

5. Contact Details: E-mail: _____

Phone #: _____ (Land line)

Mobile #: _____

Fax #: _____

6. Date of Birth: Day Month Year

7. Gender : Male ☐ Female ☐

8. Marital Status: Single ☐ Married ☐ No. of Dependents of the applicant _____

9. If you are married, please provide the following details:

i) What is the highest academic qualification of your spouse? _____

ii) Is your spouse employed at present? _____

iii) If yes, what is his/her monthly salary? Rs. _____

(Please enclose copy of his/her last annual Form 16/Income tax return and three recent monthly salary statements.)

10. If you have been employed in the past, list the positions you have held:

| Position | Name of the Organization | Period | | Monthly Salary | Yearly Salary |
|----------|--------------------------|--------|----|----------------|---------------|
| | | From | To | Rs. | Rs |
| | | | | | |
| | | | | | |
| | | | | | |

(Please enclose a copy of your last annual Form 16, Income tax return and three recent monthly salary statements.)

11. The actual expenses incurred by the applicant while pursuing the under-graduate and the previous program and the source of financing the same.

| A | Nature of Expense | Amount (Rs.) |
|----------|-------------------------------------|---------------------|
| 1. | Educational Expenses | |
| 2. | Personal Expenses | |
| | (a) Travel | |
| | (b) Garments and toiletry | |
| | (c) Maintenance | |
| | (d) Others, if any (Please specify) | |
| | Total (A) | |

| B | Sources of Financing | Amount in Rs. |
|----------|--|----------------------|
| 1. | Own savings in the form of fixed deposits, cash, etc. | |
| 2. | Contribution from spouse | |
| 3. | Contribution from parents | |
| 4. | Contribution from other members of family, friends and relatives | |
| 5. | Scholarships, if any | |
| 6. | Other sources, like Loans, if any (please specify) | |
| | Total (B) | |

12. Estimation of applicant's expenses to pursue PGP at IIMI in academic year 2015-2016 and the source of financing the same.

| A | Nature of Expense | Amount (Rs.) |
|----------|-------------------------------------|---------------------|
| 1. | Educational Expenses | |
| 2. | Personal Expenses | |
| | (a) Travel | |
| | (b) Garments and toiletry | |
| | (c) Maintenance | |
| | (d) Others, if any (Please specify) | |
| | Total (A) | |

| B | Sources of Financing | Amount in Rs. |
|----------|--|----------------------|
| 1. | Own savings in the form of fixed deposits, cash, etc. | |
| 2. | Contribution from spouse | |
| 3. | Contribution from parents | |
| 4. | Contribution from other members of family, friends and relatives | |
| 5. | Scholarships, if any | |
| 6. | Other sources, like Loans, if any (please specify) | |
| | Total (B) | |

| | | |
|----------|--|------------|
| C | Shortfall, if any (A-B), anticipated to be covered by IIMI's NBFA | Rs. |
|----------|--|------------|

13. Details of other assets you/your spouse hold, including vehicles, shares, bonds etc. You may use additional sheet if required.

| | Name of Asset | Value in Rs. |
|-------|---------------|--------------|
| a. | | |
| b. | | |
| c. | | |
| d. | | |
| Total | | |

Your IT PAN No. for Individual tax status: _____

If you are a member of the Hindu Undivided Family, then:

Total value of the assets on your name (as on March 31, 2015): Rs. _____

IT PAN No. for this HUF tax status: _____

14. Details of insurance carried on your own and on your dependents' lives

| Name of the Insured | Year in which policy taken | Face Value of the policy Rs. | Annual Premium Rs. | Loan outstanding, if any Rs. | Present value after deducting loan outstanding Rs. |
|---------------------|----------------------------|------------------------------|--------------------|------------------------------|--|
| a) Self | | | | | |
| b) Spouse | | | | | |
| c) Other Dependants | | | | | |

15. Please mention below any special, personal or financial circumstances, which might have a direct, bearing on your application for need-based financial assistance.

AFFIDAVIT BY APPLICANT

I DECLARE that the above application truly represents my financial position and includes all my resources. Should there be any significant change in my resources, I shall notify the Institute's PGP Executive Committee immediately. I understand that if any of the information given above is found to be false at any stage of the programme, need-based financial assistance will automatically be terminated or refund of the amount will be asked for as the case may be. If I get any other scholarship/financial assistance to finance the programme, I undertake to refund the amount exceeding the total fund required to complete the programme at the Institute.

Place: _____

Date : _____

Signature of the applicant



Indian Institute of Management, Indore

Application for IIMI Need-based Financial Assistance: 2015-16

PART II –
Information
about Parents
and the Family

Part II - Information about the parent and his/her family

(To be filled in and signed by the head of the household)

[Father or Mother or Guardian of the applicant, henceforth referred to as 'parent']]

This form is part of your ward's application for need-based financial assistance at the Indian Institute of Management, Indore. You are requested to complete this form in every respect and attach the documents listed in *Annexure - I*. The Institute's PGP Executive Committee will be able to consider your ward's application only on receipt of this form and the Income Declaration. Detection (or reported by any source) of false information at any stage of the programme, will lead to termination of the financial assistance or your ward will be asked to refund the entire amount drawn upto that point of time, or any other measure deemed fit by the Institute. The Institute would use the information provided in this form only for the stated purpose and it will be held in strict confidence.

Name of the Applicant: _____

1. Personal Information about Parent and his/her Family

(a) Name of the parent: _____

(b) Age (as on June 30, 2015): _____ years

(c) Highest academic qualification: _____

(d) Present address: _____

Contact details: E-mail: _____

Phone#: _____ (Land line)

Mobile#: _____

Fax #: _____

(e) Provide the following information about all members of your family (please go through the definition of the family for this purpose. Appropriate document shall be furnished in support of the gross annual income disclosed.)

| Name | Age | Relationship with the applicant | Occupation | Gross annual income for F.Y. 2014-2015 | PAN No. |
|------|-----|---------------------------------|---------------|--|---------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| | | | Total* | | |

* This amount should be same as the income shown in the Income Certificate issued by Tehasildar or any other Competent Authority.

2. Information about funding the educational expenses of your ward
- (a) What was your total support per annum for the graduate education of your ward?
Please give the details. (Attach additional sheet if necessary.) Rs. _____
- (b) During the current academic year, to what extent will you support your ward? Rs. _____
- (c) Assistance, gifts, educational insurance, from relatives, friends, or organizations
which can be expected/used by your ward towards expenses at IIM, Indore Rs. _____
- (d) Any other source of support Rs. _____
3. Please mention below the personal and financial circumstances that support your ward's application for award of NBFA (Please add additional sheets if necessary. Please refer the relevant instruction in this regard).

AFFIDAVIT BY HEAD OF THE FAMILY

I DECLARE that the information provided about the members of my family and myself is true to the best of my knowledge and belief. I understand that if any of the information given above is found to be false at any stage of the programme, need-based financial assistance provided to my ward will automatically be terminated or will be asked to refund the amount drawn upto that point of time, or any other measure deemed fit by the Institute.

Place: _____

Signature of parent of the applicant

Date : _____



Indian Institute of Management, Indore

Application for IIMI Need-based Financial Assistance: 2015-16

PART III
To be filled by each
earning member.

Part III

Information about the annual income and assets of the earning member(s) of the family
(To be filled in and signed by the person filling this part of the application)

You are advised to ensure that the information given in this part of the application is factual to the best of your knowledge. Detection (or reported by any source) of false information provided by the applicant, at any stage of the programme, will lead to termination of the financial assistance or the recipient will be asked to refund the entire amount drawn upto that point of time, or any other measure deemed fit by the Institute. The Institute would use the information provided here only for the stated purpose and it will be held in strict confidence.

Please go through instruction sheet before filling up the information required in this Part III.

Name of the applicant: _____

Name of the person filling and signing this application form: _____

1. Personal Information

- a) Age (as on June 30, 2015): _____ years
- b) Highest academic qualification: _____

2. Professional Information

a) If self-employed:

| | | |
|---|---|--|
| i) | Products manufactured/sold/service rendered | |
| ii) | Nature of business/service | Trading / Manufacturing / Service |
| iii) | Products manufactured/sold/service rendered | |
| iv) | Type of ownership | Sole Proprietor / Partner / Ltd. Company |
| v) | No. of persons employed as on March 31, 2015 | |
| vi) | Whether the premises are owned/rented (address, area in Sq.ft. etc.) | |
| vii) | Your share in equity capital of the firm | |
| (Please attach the audited financial statements for the past 2 financial years) | | |

Your IT PAN No. for Individual tax status: _____

If you are a member of the Hindu Undivided Family, then:

Total value of the assets on your name (as on March 31, 2015): Rs. _____

IT PAN No. for this HUF tax status: _____

b) If in service:

i) Designation:

ii) Nature of your job:

iii) Address of the employer:

iv) Gross annual emoluments:

v) How long have you been in service?

(Note: If retired, give details of last job held)

vi) Details of the terminal benefits received and how they were invested (for persons retired from service / profession)

3. Information about annual income

| S. No. | Source of income | FY 2013-14 | FY 2014-15 |
|--------|--|------------|------------|
| i) | Annual salary from the employer | | |
| ii) | Income / gains from profession | | |
| iii.) | Income from agricultural properties | | |
| iv) | Income from non-agricultural properties | | |
| v) | Income from financial investments such as fixed deposits, provident fund, equity shares, bonds, MF units, etc. | | |
| vi) | Gains on sale of financial investments and other assets | | |
| vii) | Income from HUF properties not included above, if any | | |
| viii) | Income from sources not covered in (1) to (7) | | |
| Total | | | |

4. Please state and list the value of all fixed assets you hold, including the agricultural land, residential and commercial properties, vehicles, etc. and the expected annual income on the same for F.Y.2015-2016.

| | Name of Asset | Current Market Value/Amount (Rs.) | Expected Income in F.Y.2015-16 |
|--------------|---|-----------------------------------|--------------------------------|
| a. | Agricultural, residential and commercial properties | | |
| b. | Motor vehicles and other fixed assets | | |
| Total | | | |

5. Please state and list the value of all financial assets you hold, including the balances in savings bank accounts, fixed deposits, investment in equity shares/debentures/bonds/mutual fund units/ NSC/ KVP/ PPF/ ULIP/ ELSS etc. and the expected annual income on the same for F.Y. 2014-2015.

| | Name of Asset/Investment | Current Market Value (as on 31.03.15) | Expected Income in F.Y.2015-16 |
|--------------|---|---------------------------------------|--------------------------------|
| a. | Balances in savings bank account * | | |
| b. | Cash in hand | | |
| c. | Amount invested in fixed deposits | | |
| d. | Investment in equity shares/ debentures/ bonds/ mutual funds etc. | | |
| e. | Investment in NSC/KVP/ ULIP/ELSS etc. | | |
| Total | | Rs. | Rs. |

(* Please enclose copies of all the bank account pass books)

6. Details about insurance carried on your own life:

| Name of the Insurance Company and the policy | Year in which the Policy Taken | Face Value of the Policy (Rs.) | Annual Premium (Rs.) | Approx. Amount of Premium Paid as to Date | Amount of Loan Outstanding, if any (Rs.) | Present Value after Deducting the Outstanding |
|--|--------------------------------|--------------------------------|----------------------|---|--|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

7. Details about investments in Pension Fund / Provident Fund (PF) / PPF / monthly income plans etc. carried on your name:

| Name of the person holding the PF account and the account no. | Year in which the account was opened | Approximate amount remitted /deducted from salary to date (Rs.) | Interest credited upto 31-Mar-'15 (Rs.) | Expected interest to be credited in F.Y. 2015-16 (Rs.) |
|---|--------------------------------------|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

8. Details about income from pension (if applicable):

| Name of the Employer | Pension Account No. | Amount of Pension per Month (Rs.) |
|----------------------|---------------------|-----------------------------------|
| | | |

(Please enclose pension payment details for the FY 2014-15 duly certified by the bank, along with copies of bank pass book).

9. If the difference between annual income for F.Y. 2014-2015 and the projected income for F.Y. 2015-2016 is significant; please mention the reason for the same.

AFFIDAVIT

I DECLARE that the above information truly represents my financial position and includes all my resources. Should there be any significant change in my resources, I shall notify the Institute's PGP Executive Committee and NBFA Committee immediately. I understand that if any of the information given above is found to be false at any stage of the programme, need-based financial assistance will automatically be terminated or refund of the amount will be asked for as the case may be.

Place: _____

Signature of the person

Date : _____

Documents to be attached

1. Copy of Form 16 for FY 2014-'15 (if applicable)
2. Copy of Income Tax Return for FY 2014-'15
3. Salary certificate from the employer. If retired, pension certificate. If self-employed, certified copy of the detailed audited financial statements for the past two years.
4. Certified copies of the bank statements for the past two years in all banks you dealt with.
5. Certified copies of the demat account statement, PPF, NSC, PPF and other documents, if any.

Section I: Detailed Information about Fixed Assets

1. Extent of Agricultural Land Held and Income from the same:

a) Independently as owner:

| | |
|------------------------------|-----|
| i) Area | |
| ii) Survey no. and village | |
| iii) Land revenue assessment | |
| iv) Annual income | Rs. |
| v) Present sale value | Rs. |

Note: Whether whole/part of the land had been given out to tenants. If yes, give details.

b) Jointly as owner:

| | |
|------------------------------|-----|
| i) Area | |
| ii) Survey no. and village | |
| iii) Land revenue assessment | |
| iv) Annual income | Rs. |
| v) Present sale value | Rs. |

c) Independently as a tenant:

| | |
|------------------------------|-----|
| i) Area | |
| ii) Survey no. and village | |
| iii) Land revenue assessment | |
| iv) Annual income | Rs. |
| v) Present sale value | Rs. |

d) Jointly as a tenant:

| | |
|------------------------------|-----|
| i) Area | |
| ii) Survey no. and village | |
| iii) Land revenue assessment | |
| iv) Annual income | Rs. |
| v) Present sale value | Rs. |

2. Extent of vacant residential land held and income from it if let out:

| | |
|------------------------------|-----|
| i) Area | |
| ii) Street/ name and village | |
| iii) Land revenue assessment | |
| iv) Annual income | Rs. |
| v) Present sale value | Rs. |

3. Residential Property Held and Income (House, Shop, Building, House Sites, etc.):

| | |
|---------------------------------|-----|
| i) House no. and address | |
| ii) Plinth area of the building | |
| iii) Present sale value | |
| iv) Rent derived, if any | Rs. |
| v) House tax paid | Rs. |
| Vi) Cess and other taxes paid | Rs. |
| Vii) Net annual income | Rs. |

4. **Commercial Property Held and Rentals from Them:**

| | |
|-----------------------------|-----|
| i) Address of the property | |
| ii) Plinth Area of building | |
| iii) Present sale value | |
| iii) Annual rental income | |
| iv) Less taxes paid | Rs. |
| v) Net income | Rs. |

5. **Income from Shops:**

| | |
|---------------------|-----|
| i) Address of shop | |
| ii) Nature of trade | |
| iii) License No. | |
| iv) Sales tax paid | Rs. |
| v) Annual income | Rs. |

6. **Movable property**

| Name | Make | Year of Purchase | Annual Expenses | Market Value | Loan, if any | Any other information |
|------|------|------------------|-----------------|--------------|--------------|-----------------------|
| | | | | | | |
| | | | | | | |

7. **Any other fixed assets**

Place : _____

Date : _____

Signature of the parent of the applicant

Annexure 2
Section II: Information about financial investments and other investments

1. **Investment in equity shares, bonds, mutual fund units, NSC, ELSS, etc.:** (attach additional sheet, if required, to provide this information in detail)

| Name of the issuer and instrument | No. of shares / bonds/ units | Present Market Value (Rs.) |
|-----------------------------------|------------------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2. **Fixed Deposits, recurring deposits, public deposits, etc. in banks / NBFCs / Others:** (attach additional sheet, if required)

| Name of the Company | Amount (Rs.) | Date of Maturity |
|---------------------|--------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

3. **Other assets, if any:**

Place : _____

Date : _____

Signature of the parent of the applicant



Indian Institute of Management, Indore

Application for IIMI Need-based Financial Assistance: 2015-16

Part IV - Comprehensive Income

(To be filled in and signed by the applicant)

Name of the Applicant: _____

Expected Family Income for F.Y. 2015-2016

| S. No. | Name of the member of applicant's family | Income from salary | Income / gains from Business or profession | Income from agricultural property | Income on residential and commercial Property | Income and gains from financial investments | Income from HUF assets and other sources | Total income |
|--------|--|--------------------|--|-----------------------------------|---|---|--|--------------|
| | | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| | Total | | | | | | | |

Place: _____

Date : _____

Signature of the applicant

| | |
|----------------------|--|
| Name of Applicant | |
| PGP Registration No. | |
| PGP Batch | |

Income Declaration

*Income declaration for the year ended 31st March 2015 for the purpose of Need Based Financial Assistance for the financial year 2014-2015 sought from **Indian Institute of Management, Indore.***

Whereas my son/daughter/ward, Mr./Ms. _____ who has applied for *Need Based Financial Assistance* has been offered admission to the Postgraduate Programme in Management at the Indian Institute of Management, Indore.

I, Shri/Shrimati _____, a permanent resident of _____ declare that my family's (please refer the definition of the family in the instruction for filling the application form) **annual gross Income from all sources** in the preceding year ended on 31st March 2015 is Rs. _____ (Rupees _____ only) as per the details furnished

in the Schedule. I also affirm that particulars of property held by me are as shown in the Schedule and that I have correctly indicated the amount of various taxes, cess and land revenue paid by me. I make myself personally responsible for the accuracy of the facts and figures furnished.

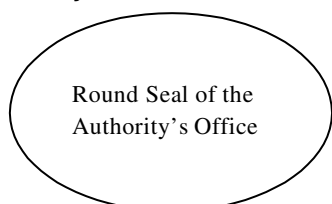
I further declare that I have gone through the instruction for filling the application form for the NBFA and undertake that in the event of the particulars given in this declaration being found to be false, I shall refund to the Director, Indian Institute of Management, Indore the amount of the financial assistance/fee waiver paid to the said applicant and the Director's decision on whether the declaration of particulars is false shall be final and binding on me.

Signature: _____

Name in Full: _____
(Block Capitals)

TO BE SIGNED IN THE PRESENCE OF A FIRST CLASS MAGISTRATE/ DEPUTY COMMISSIONER/ DISTRICT OR SUB-DIVISIONAL MAGISTRATE/ TEHSILDAR WHO WILL ALSO AFFIX HIS/ HER SEAL AND SIGNATURE.

Certify that the above information is correct.



Authority's Signature: _____

Name of the Signatory: _____

Square Seal of Signatory: _____

Place : _____

Date : _____

DECLARATION BY APPLICANT

Subsequent to my NBFA Application No. _____ dated _____, I have submitted the following documents / information in support of the said application:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

I hereby declare that all the documents / information furnished by me as per the list above are true and have been obtained from confident authorities / sources through proper channel. I understand that, if at any stage, it is found that any of the documents or information furnished by me are untrue / falsified then not only will my NBFA amount paid if any will be recovered from me but I may also be subjected to disciplinary / legal / criminal action by competent authorities.

Place :

Date :

Signature of the Applicant

FOR OFFICE USE ONLY

Date received :

Received by:

Check List for Documents to be submitted:

| Name of the Document | Submitted (Yes/No) | Reference |
|---|-----------------------|-----------|
| 1. Attested true copy of the family ration card | | |
| 2. Income declaration certificate | | |
| 3. Bank statements | | |
| 4. Pension certificates | | |
| 5. Demat statement | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |

Scrutinized by:

Observations during preliminary scrutiny:

- 1.
- 2.
- 3.
- 4.
- 5.