



MODERN EDUCATION SOCIETY'S
CUSROW WADIA INSTITUTE OF TECHNOLOGY,
PUNE – 411 001.

TEL. (020) 26164814/14, FAX : (020) 26161310.

REF :CWIT/SS/SCH NOTICE/ ८०७

DATE 20.9.24

FIRST YEAR AND DIRECT SECOND YEAR SCHOLARSHIP NOTICE

All newly admitted students hereby inform to apply on <https://mahadbt.maharashtra.gov.in> website for pending fee which is mentioned in your admission fee receipt. **All students must fillup scholarship form and submit it hardcopy in office from 1.10.24 to 30.11.24 without late fee. After 30.11.24 per day Rs.100 late fee applicable so complete all procedure in given period.**

For guidance one PPT is attached with this notice so view it and do it accordingly for filling scholarship form. PPT also available on college website. If any quires occur while filling scholarship form visit in office.

If student fail to fill form on mahadbt website in given period then student have to pay pending fee so be careful. **75% attendance is compulsory for mahadbt scholarship . Defaulter students did not get any type of scholarship from Government so be careful and complete your term work and practical in given time.**

Following documents required to submit in office along with hard copy of scholarship form.

1. Attendance form original and Xerox (along with notice)
2. Mahadbt scholarship form
3. Allotment letter Xerox self attested
4. Marksheets 10/12th/ITI Xerox self attested . Gap certificate if any Xerox self attested
5. Leaving certificate Xerox self attested
6. Caste certificate Xerox self attested
7. Caste validity for S.T. freeship students
8. Non cremelayer for obc,sbc,vjnt,sebc students Xerox self attested
9. Income certificate 23-24 form tahasildar (valid upto March25) if father is not alive/Divorce then death certificate/separation documents needed Xerox self attested
10. Domicile certificate Xerox self attested
11. Admission fee receipt Xerox self attested
12. Bank passbook Xerox self attested (student advise to make transaction per month in bank so his/her account is keep active otherwise inactive account scholarship will be revert to Government)
13. Hostel fee receipt & hostel certificate Xerox self attested (Note : For Sc students swadhar hostel facility available whose income is below 2.5 lakh and above 60 % in SSC & didn't live in Government hostel visit office for further details) (For SBC/VJNT student those who stay in wadia college hostel then they can fill up form on mahadbt website)
14. Alpa bhu dharak current year 24-25 certificate /labour card/Manregar card Xerox self attested
15. Seeding form Xerox self attested (along with notice) this form student must filled it take sign from his/her bank that adhar is linked with this account.
16. Undertaking form original (along with notice)
17. Undertaking form original for SC Scholarship students whose income below 2.5 lakh (along with notice)

P.T.O for schemes.....

CATEGORY	DEPARTMENT	SCHEME NAME	INCOME LIMIT
FOR SC STUDENTS	SOCIAL JUSTICE & SPECIAL ASSISTANCE DEPARTMENT	1) Government of India Post Matric Scholarship	Till Rs. 2.50 lakh
		2) Post Matric tuition fee and examination fee (freeship)	Above Rs.2.50 lakh
FOR ST STUDENTS	TRIBAL DEVELOPMENT DEPARTMENT	1) Government of India post Matric scholarship	Till Rs.2.50 lakh
		2) Vocational fee & Exam fee for tribal student	Above Rs.2.50 lakh
FOR OBC STUDENTS	VJNT,OBC,SBC,WELFARE DEPARTMENT	1) Post Matric scholarship to OBC student	Till Rs.1.50 lakh
		2) Tuition fee & Examination fees to OBC student	Above Rs.1.50 lakh
FOR VJNT STUDENTS	VJNT,OBC,SBC,WELFARE DEPARTMENT	1) Post Matric scholarship to VJNT student	Till Rs.1.50 lakh
		2) Tuition fee & Examination fees to VJNT student	Above Rs.1.50 lakh
FOR SBC STUDENTS	VJNT,OBC,SBC,WELFARE DEPARTMENT	1) Post Matric scholarship to SBC student	Till Rs.1.50 lakh
		2) Tuition fee & Examination fees to SBC student	Above Rs.1.50 lakh
FOR SEBC	DIRECTOR OF TECHNICAL EDUCATION	RAJSHRI CHATRAPATI SHAU MAHARAJ SHIKSHANSHULKA SHISHYAVRUTI	TILL 8.00 LAKH
FOR EBC/EWS	DIRECTOR OF TECHNICAL EDUCATION	RAJSHRI CHATRAPATI SHAU MAHARAJ SHIKSHANSHULKA SHISHYAVRUTI	TILL 8.00 LAKH
FOR PANJABRAO DESHMUKH SCHOLARSHIP (ONLY FOR OPEN)	DIRECTOR OF TECHNICAL EDUCATION	APLA BHU DHARAK CURRENT YEAR 24-25 REGISTER LABER MENREGA & HOSTEL PROOF/REGISTER RENT AGREEMENT 24-25	TILL 8.00 LAKH
FOR MINORITY	DIRECTOR OF TECHNICAL EDUCATION	Affidavit on Non-Judicial Stamp Paper or Income certificate from the employer, if any. School leaving certificate can also be considered as Proof of Minority) or Self Declaration.	TILL 8.00 LAKH

Encl. As above




(Dr. A.S. Chandak)
I/c Principal

Copy to All HOD and Class Teacher for necessary action. All Class teachers must inform to all students and must circulate on students whatsapp grp and parents whatsapp grp.



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ATTAINDANCE CERTIFICATE

NAME OF STUDENT _____
SURNAME FIRST NAME MIDDLE NAME

Roll No _____ Category _____

EMAIL _____ MOBILE NO _____

BANK ACCOUNT NUMBER _____ Parents mobile no _____

BANK BRANCH NAME _____ BANK IFSC CODE _____

MY ATTAINDANCE FOR FIRST TERM FOR THE YEAR 20__ to 20__ .

FOR FIRST TERM IS _____ % . (INCLUDING ALL SUBJECT) DATE _____

SIGNATURE OF STUDENT

CLASS TEACHER
Name & Sign.

HOD SIGNATURE
Name & Sign.

**APPLICATION FOR LINKING/ SEEDING AADHAR NUMBER
AND RECEIVING DBT BENEFITS INTO BANK ACCOUNT-(NPCI MAPPING)***

The Branch Manager,
.....Branch
.....Bank

Date:

Dear Sir,

Account No. _____ in A/c Name _____

Linking / Seeding of Aadhaar in NPCI-Mapping for Receiving Direct Benefits

I am maintaining a Bank account No. _____ with your Branch.

2. I submit my Aadhaar number and voluntarily give my consent

to: Use my Aadhaar Details to authenticate me from UIDAI.

Use my Mobile Number mentioned below for sending SMS Alerts to me.

Link the Aadhaar Number to all my existing/new/future accounts and customer profile (CIF) with your Bank.

(Signature/Thumb Impression of customer)

OPTION FOR RECEIVING DBT BENEFITS (TICK ONE)

- I wish to seed my account No. _____ with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from Govt. of India (GOI) in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all the benefit transfers in the same account.(for customer who have not so far seeded account with NPCI Mapper)
- I already have an account with _____ (name of Bank) having IIN Number** _____, and seeded with NPCI Mapper for receiving DBT from GOI. I request you to change my NPCI mapping(DBT Benefit Account) to my account with your Bank.
- I already have an account with another bank _____ (name of Bank) having IIN Number** _____, and seeded with NPCI Mapper for receiving DBT from GOI. I do not want to change my NPCI mapping(DBT Benefit Account) from the existing Bank.
- I do not wish to seed my accounts from your Bank with NPCI Mapper (I will not be getting DBT).

3. I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.

4. I hereby declare that all the above information voluntarily furnished by me is true, correct and complete.

Yours faithfully

[if consent sent through BC/BDO/VO]

(Signature/Thumb Impression of customer)

I hereby authorise the Banking Correspondent

.....
 I hereby authorise the Sarpanch/ V.O./B.D.O./

.....
to submit the above consent letter to the bank.

Name :

Mobile No.:

Email:

Encl: Copy of Aadhaar

(Signature/Thumb Impression of Customer)

*NPCI Mapping : Mapping is a process of associating a Bank with Aadhaar number which is facilitated by NPCI for Direct Benefit Transfer to the respective Bank who have linked the Aadhaar Number to a specific Bank account for receiving Direct Benefits to which customer has given the consent.

** IIN number will be provided by Bank receiving the consent Application

प्रतिज्ञापत्र

मी श्री _____ रा. _____ ता. _____

जि. _____ येथील कायम रहिवासी असून माला एकूण _____ अपत्य

आहेत. त्यापैकी _____ मुले व _____ मुली आहेत. _____ हा

प्रथम/ द्वितीय / तृतीय / चतुर्थ क्रमांकांची लाभार्थी अपत्य (पुरुष/ स्त्री) आहे.

तो/ती _____ या महाविद्यालय / विद्यालय मध्ये

_____ या अभ्यासक्रमांस शिक्षण घेत असून तो/ती

_____ या शिष्यवृत्ती

योजनेकरीता अर्ज करित आहे यापूर्वी माझ्या कुटुंबातील एकूण _____ अपत्यांनी

(पुरुष/स्त्री) शिष्यावृत्तीचा लाभ घेतलेला आहे. त्यांची नावे.

१)

२)

३)

४)

हि आहेत. वर दिलेली माहिती ही पूर्णतः खरी असून त्याची सर्वस्वी जबाबदारी माझी आहे त्यामध्ये काही खोटे आढळल्यास माझ्या पाल्याला मिळणारी शिष्यवृत्ती व्याजासह शासनास परत करील अशी हमी देत आहे. तसेच शासननिर्णयानुसार होणाऱ्या कारवाईस मी व्यक्तिशः जबाबदार असेल.

विद्यार्थ्याची स्वाक्षरी

पालकाची स्वाक्षरी

दिनांक :-

ठिकाण :-

विद्यार्थी व पालकांनी द्यावयाचे बंधपत्र

विद्यार्थ्यांचे पूर्ण नाव :

रोल नंबर :

प्रवर्गसवलत: अनुसूचित जाती शिष्यवृत्ती
दिनांक -

प्रति,

प्राचार्य,

कुसरो वाडीया इन्स्टिट्यूट ऑफ टेक्नॉलॉजी, पुणे ४११००१.

विषय :- शासन निर्णया नुसार महाविद्यालयास देय असलेली ६०% शिक्षण शुल्कची रक्कम संस्थेस जमा करणे

संदर्भ :- १) शासन निर्णय क्रमांक -भासशी-२०२२/ प्रक्र७४/ शिक्षण -१दिनांक १७ मार्च २०२२.

मी / आम्ही खाली सही करणार / करणारे प्रतिज्ञापन करतो की, शिष्यवृत्ती मिळण्याबाबत शासनाने विहित केलेल्या अटी व शर्तीमला / आम्हाला मान्य आहेत.

अनुसूचित जाती च्या शिष्यवृत्ती / फ्रीशिपचा अर्ज महाडीबीटी पोर्टलवर ऑनलाईन भरण्याची व तो मंजूर होइपर्यंत पाठपुरावा करण्याची जबाबदारी माझी असेल. महाडीबीटी पोर्टलवर अर्ज मंजूर झाल्यानंतर (शासन निर्णय क्रमांक -भासशी-२०२२/ प्रक्र७४/ शिक्षण -१दिनांक १७ मार्च २०२२) शासन निर्णया नुसार महाविद्यालयास देय असलेली ६०% शिक्षण शुल्कची रक्कम (केंद्र शासनाचा हिस्सा) माझ्या आधार सलंगन बँक खात्यावर शासन जमा करणार आहे व ती बँक खात्यात जमा झाल्या नंतर महाविद्यालयास देय असलेली शिक्षण शुल्कची रक्कम सात दिवसांच्या आत एकरकमी जमा करू अशी हमी देत आहोत.

शिक्षण शुल्कची ६०% रक्कम महाविद्यालयास जमा न केल्यास भविष्यात उदभवणा-या परिणामास मी / आम्ही वैयक्तिक जबाबदार असू असे प्रतिज्ञा पूर्वक ह्मोपत्र / बंध पत्र मी / आम्ही सादर करीत आहोत.

संदर्भाकित शासन निर्णयानुसार जर मी प्रवेश घेतलेल्या अभ्यासक्रमात दोन किंवा दोन पेक्षा जास्तवेळा पूर्णतः अनुत्तीर्ण झालो / झाले तर अभ्यासक्रमाच्या उर्वरित कालावधीसाठी सदर योजने चा लाभ मिळण्यास मी पूर्णतः अपात्र असेलयाची मला / आम्हाला पूर्ण कल्पना व जाणीव आहे. तसेच संदर्भाकित शासन निर्णया मधील सर्व अटी व शर्ती मला / आम्हाला मान्य आहेत.

जर मी/आम्ही प्रवेश घेतलेला अभ्यासक्रम मध्येच सोडला किंवा इतर कुठल्याही कारणामुळे माझा प्रवेश रद्द केला तर संदर्भाकित शासननिर्णयानुसार मला प्रदान करण्यात आलेली शिष्यवृत्ती, शिक्षण शुल्कची रक्कम संस्थेस मी / आम्ही एकरकमी जमा करू अशी हमी देत आहोत.

मी / आम्ही खाली सही करणार / करणारे प्रतिज्ञापन करतो की, शिष्यवृत्ती मिळण्याबाबत शासनाने विहित केलेल्या अटी व शर्ती मला / आम्हाला मान्य आहेत.

ठिकाण :

दिनांक :

(अर्जदाराच्या वडिलांची / पालकांची सही,)

पूर्णनाव

संपर्कक्रमांक

(विद्यार्थ्यांचोसही)

पूर्णनाव

संपर्कक्रमांक