



TECNIA INSTITUTE OF ADVANCED STUDIES

NAAC ACCREDITED GRADE "A" INSTITUTE

Approved by AICTE, Ministry of HRD, Govt. of India, Affiliated to GGSIP University
Recognized Under Sec. 2(f) of UGC Act 1956

INSTITUTIONAL AREA MADHUBAN CHOWK, ROHINI, DELHI 110085

Tel: 91-11-27555121-24, E-Mail : directortias@tecnia.in, Website: www.tiaspg.tecnia.in



List of Student who was sanctioned freeship by TIAS in AY 2021 - 22					
2021 - 22					
SL.No.	Applicant Name	Program	Enrollment No.	Amount in Rs.	Scholarship Type
1	Leeshma Garg	BAJMC	4721302420	41500	Freeship by TIAS

Chaitali Bhattacharya
STUDENTS' WELFARE
TECNIA INSTITUTE OF ADVANCED STUDIES
MADHUBAN CHOWK, ROHINI, NEW DELHI-85

Dr. Chaitali Bhattacharya

[Signature]
Director
TECNIA Institute of Advanced Studies
(Affiliated to GGSIP University Delhi)
Madhuban Chowk, Rohini, Delhi-85

The Director
Tecnio Institute of advanced studies

16th March, 2022

Subject: Wave-off my fees and give me scholarship.

Respected Sir,

I Leeshma Garg, of BTMC (2nd) sem, ^{my} class A (evening), wanted to inform you that ^{my} parents ^{are} ⁱⁿ 2nd wave of covid. So ^{kindly} wave off my fees and provide scholarship and do look upon this issue as soon as possible.

Thanking you
yours Sincerely
Leeshma Garg

ph:- 8851440354

email:- gargleeshma06@gmail.com.

Leeshma Garg

Forwarded to
HOD
HOD
HOD

Being put up for
further consideration
VPU

C
C8

the director,
Technia Institute of Advanced Studies.
Delhi - 110085.

subject - Wave off 50 percent fees.

Dear Sir,

I Leeshma Gaig (04721302420) student of Technia Institute pursuing BACS and MC) programme 2nd shift, 2nd year.

I have already paid my 50 percent fees (41500) through DD no. C689387SBI) dated 30th July, 2021. Rest fees (41500) is due, and I am unable to pay my rest fees due to the second wave of covid-19, I lost my parents.

I'll be highly obliged if consider my request and wave off my 50 percent fees. I have attached death certificates of my parents.

Thanking You,
Yours Truly,

Leeshma Gaig (04721302420)
(B-50/302 Sidharth Vihar Ghaziabad)
(8851440354) Shift-2, Division A

Leeshma Gaig

Amrinder
(Amrinder)

TECNIA INSTITUTE OF ADVANCED STUDIES

NAAC ACCREDITED GRADE "A" INSTITUTE

Date: 23-03-2022

NOTESHEET

Subject: - Regarding Institutional Scholarship (Financial support) to **Leeshma Garg** Enrollment No 04721302420 TIAS ID: TIAS/BA (JMC) 2020-23/16794 of 2nd Year, 2nd Shift Div-A for the Academic Year 2021-22.

With Reference to the Scholarship Application of **Leeshma Garg** and remarks of committee members regarding demise of both parents of the candidate in second wave of Covid 19, this is being proposed to grant institutional scholarship (Financial Support) for Rs.41,500/- (Forty One Thousand and Five Hundred only). *Death Certificate of both the parents are attached herewith.*
Being put up for kind approval granting institutional scholarship (Financial Support) please.

Prepared By

Ms. Reema Jatwani

Death Certificate Attached

Ms. Megha Sharma
(Student Welfare)

Dr. M.N. JHA

Approval may kindly be accorded for the Scholarship Grant of Rs. 41,500/- (Forty one thousand five hundred only) to Ms. Leeshma Garg, 2nd Year BBA on the basis of her request/application and Scholarship application attached to cover her parental academic fee of the Academic Year 2021-22.

Director (TIAS)

Director TIAS

*Approved By
22/03/22*

Dr. Sanjiv Kumar Sharma
20/03/2022



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INSTITUTIONAL AREA, MADHUBAN CHOWK, ROHINI, DELHI-110085



APPLICATION FORM FOR SCHOLARSHIP

(To be filled in Block Letters)

PART-I

(Personal Information)



1. Name of the Student : LEESHA GARG
2. Place of Birth : JIND
3. Sex (Male/Female) : FEMALE
4. Permanent Address : 10/B-50/302, Bahmaputla Enclave, Siddhasth Vihar, Sidd, Sector-10, Ghaziabad - 201009
5. Correspondence Address : B-37, Jawahar Park, Devli Road, New Delhi - 110062
6. Contact No : 8851440354
7. Name of the Programme : BACJMC
8. University Enrolment Number : 04721302420
9. CET Rank (If applicable) : _____
10. Whether admission taken under Management Quota (Yes/No): No
11. Whether ever penalized for adopting Unfair Means in the Examination of the University (Yes/no): ✓ No
12. Admission Category (Dell/Outside Delhi & SC/ST/OBC/PH/Gen/Kashmere Migrant, etc.): General
13. Have you received scholarship under any Scheme from Parent University in the last year: No
If yes, please mention the amount received: (X), in words X
14. Educational Qualification (including marks of semester examination last appeared)

ACADEMIC RECORD

S.NO	Qualifying Examination	Board/University	Name & Address of School/ College	Year of Passing	Division	%Age/ CPI*
1	10 th	ICSE	Ashok hallgill's residential school	2018		89.9%
2.	12 th	ICSE NIOS	National institute of open schooling	2020		60.7%
3.	Graduation (Mention the result semester wise)	BA(JMC)	GGSIPU	Pursuing		
4.	P.G. Resultm (Semester wise)	✓	✓	✓	✓	✓
5.	Any Other	✓	✓	✓	✓	✓

Part-II
(Information for Assessment of Scholarship)

Note: Information should be filled up by the Applicant's Parents in Column (B)

S.No (A)	PARTICULAR FOR ASSESSMENT OF ECONOMIC CONDITION OF FAMILY (B)						Remarks of the committee member at the same time of interview (C)																																				
1.	I) FAMILY ANNUAL INCOME II) INCOME SOURCE AND PATTERN OF LIVELIHOOD		<u>Zero</u> <u>Parents are no more in</u> <u>Covid '19.</u>																																								
2.	DETAILS OF FATHER/ GUARDIAN/ MOTHER (Please Tick) () FATHER () GUARDIAN Name <u>Late. Pradeep Garg</u> Age: <u>48</u> Qualification: <u>10th Pass</u> Occupation: <u>Businessman</u> Anem & Address of Employer: _____ Monthly Income: _____ /IF retired/rd, Monthly Pension () _____ () MOTHER Name <u>Late. Savita Garg</u> Age: <u>42</u> Qualification: <u>B.com</u> Occupation: <u>Housewife</u> Anem & Address of Employer: _____ Monthly Income: _____ /IF retired/rd, Monthly Pension () _____																																										
3.	DETAILS OF SIBLINGS <table border="1" style="width: 100%;"> <thead> <tr> <th>S. No</th> <th>Name</th> <th>Age</th> <th>Studying or Working</th> <th>Name of School & Annual Fee (if Studying)</th> <th>Annual Income (if Working)</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						S. No	Name	Age	Studying or Working	Name of School & Annual Fee (if Studying)	Annual Income (if Working)	1.						2.						3.						4.						5.						
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4.																																											
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4.	DETAILS OF DEPENDENTS IN FAMILY <table border="1" style="width: 100%;"> <thead> <tr> <th>S. No</th> <th>Name</th> <th>Age</th> <th>Relation</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> </tbody> </table>						S. No	Name	Age	Relation	1.				2.				3.				4.																				
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5.	DETAILS OF HEALTH OF FAMILY MEMBERS (If any member is patient of Critical Diseases like heart, kidney, liver or any other, mention the details and attach their medical report) _____																																										

6.		DETAILS OF LOCALITY & ACCOMMODATIONS		
		a. Name of locality of accommodation _____		
		b. Nature of Accommodation Rented or owned _____		
		c. Total Plot Area of House (Sq mtr.) _____		
		d. Total Carpet area of Flat / Floor (Sq mtr.) _____		
		e. If ant floor given on rent? if yes, mention the monthly rent _____		
		Is there any shop in house ? If Details of business running & monthly income _____		
7.		DETAILS OF PROPERTY		
		a. Agricultural Land (Mention the details & Proof): <u>No Property</u>		
		b. Any other immovable Property of Family: _____		
8.		DETAILS OF ANY OTHER SCHOLARSHIP (If Being Aailed)		
		S.No	Name & Address of the Organization	Amount Monthly / Annually Assistance Received
		1.	N/A	N/A
		2.	N/A	N/A
9.		Whether the applicant is single girl child? <u>Yes</u>		
10.		Any other relevant information for requirement of scholarship		

Note: Applicant may enclose documentary proof, if any justifying their economic condition and financial requirements of family

UNDERTAKING

"I hereby declare that the above mention information furnished by me is true and correct to the best of my knowledge and belief. If any information provided in the application form found incorrect at any stage or if it is found that I had failed in any one or more of the subject of the University Examination or otherwise was ineligible to be considered for scholarship under Management Scholarship Scheme, my application may be rejected and amount, if any, received by me from the Institute shall be refunded along with penalty, as decided by the Institute. This is without prejudice to other disciplinary and other legal measures the Institute may take beside the refund of the scholarship received"

Leashma gaur
Signature of Student
Place: Delhi: Yes

[Signature]
Signature of the Parents/Guardian
Date: _____

FOR OFFICE USE ONLY

- Whether Scholarship is required to applicant (YES/NO): Yes, may be granted
- Scholarship may be granted from the academic fee component of fees of Rs: 41,500/- (Forty one thousand Five hundred)
- Scholarship may be granted subject to assessing condition of the applicant's family delhi

Condition assessed and found that her Parents died in covid-19.

Signature of the Committee Member

[Signature]
(Chairman)

VIPOL

[Signature]

Part-III

Note: All the columns of checklist be filled up and verified by the authorize offer of the institute and forwarded to the director

Name of Student: Leeshma Garg Univ. Enrol. No.: 04721202420
Name of Programme: BAC JMC Current Semester: _____

S.No	Details of the Documents (to be attached)	Status of Documents
1.	Undertaking as per prescribed format.	☒ YES/NO
2.	Address proof.	☒ YES/NO
3.	Fee Receipt for the Academic Session 2013-14 issued by the Institute/University.	Fee Receipt No: _____ Date: _____ Amount: _____
4.	Back Paper of Failed in any Previous Semesters Exam	YES/NO
5.	Copy of all previous semesters marksheets for which results have been declared by the University.	Tick the Semester which marks sheet has been enclosed. 1 st Semester 4 th Semester 2 nd Semester 5 th Semester 3 rd Semester 6 th Semester
6.	Attested copy of 10 th & 12 th Marksheet	YES/NO
7.	Undertaking the applicant is availing / not availing any kind of scholarship/ scholarship'	YES/NO
7.	In case of rejection of the application, the reasons for such rejection	YES/NO

Assessed by:

(Signature)
(Name & Designation of the Officer)

Anil

CERTIFICATION /RECOMMENDATION

Is Certified that:

The Student (Name) Leeshma Garg Course BAC JMC Semester 3 (renewal)
fulfills all the eligibility criteria as laid down in the guidelines for Scholarship.

All in the guidelines for scholarship attached with this application have been verified from the record available in the office.

The applicant has not been detained in any semester examination of the course due to shortage of attendance.

The applicant has not been penalized for any act of indiscipline during the course.

The student is availing scholarship of amount of Rs NIL /- From any Sources Govt. or otherwise.
(if not availing any scholarship by the mention NIL against the amount)

All the information furnished by the student in the application form is true to the best of my knowledge

Verified that the applicant is a bonafide student of the institute. This application is being forwarded for consideration for the under management scholarship Scheme. In case applicant is not recommended for grant of scholarship, reasons there of ID be mentioned here:

Vipul
Signature of HoD
(HOD)

Anil
(Director)

Megha Sharma
(Student welfare)