

SCHOLARSHIP APPLICATION FORM

Name of Applicant: _____ **Class:** _____

Roll No: _____ **Session:** _____ **Morning/Evening** _____

Scholarship is based on assessment of need and merit as well as availability of funds. Selection will be decided on the basis of information provided in this form and investigations for the authentication of provided information. Candidate may be required to appear for interview (s).

PROVIDING FALSE INFORMATION

Providing false information may result in one or all of the following:

- Cancellation of admission.
- Rustication from the university.
- Initiation of criminal proceedings.
- Disqualification for award of any future loan/scholarship.
- Refund of all the payment received and or a penalty equal to total scholarship amount.

INSTRUCTIONS FOR FILLING OUT THE SCHOLARSHIP APPLICATION FORM:

- ✓ Fill in the form using black ball point pen and write in capital letters
- ✓ Read the application form carefully.
- ✓ Make a photocopy of the application form
- ✓ Complete the photocopy form and make sure everything is correct and final
- ✓ Copy all information from photocopied form to the original form
- ✓ Submit duly completed application form to the admission office or focal person
- ✓ Furnish factual, comprehensive and authentic information in the form
- ✓ For family financial reporting parents/guardian may be consulted for guidance
- ✓ Whenever in doubt or lost, seek help from the Focal Person
- ✓ Ensure that you have attached all the required documents by putting a tick mark in checklist
- ✓ Answer all questions. Those not applicable should be marked "N/A"
- ✓ Affidavit Needs to be submitted after final selection of the candidate

Application Form Check List

SN	Description	Tick the relevant
1	Copies of computerized NIC of Father Mother Guardian	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	Salary Certificate of Father Mother Guardian	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	Copies of last six (06) month utility bills Electricity Gas Telephone Water	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	Attested copy of rent agreement (if applicable)	<input type="checkbox"/>
5	Copies of last & latest fee receipts of self and siblings *	<input type="checkbox"/>
6	Copies of Medical bills/ expenditure related documents (if applicable)	<input type="checkbox"/>
7	Copies of pervious scholarship(s) attained (if applicable)	<input type="checkbox"/>
8	Statement of Purpose	<input type="checkbox"/>
*Tick the Section When Completed		
I	Section A: Personal and family information	<input type="checkbox"/>
II	Section B: Cumulative information of Self, Parents & Guardian	<input type="checkbox"/>
III	Section C: Assets Financial arrangements for current year	<input type="checkbox"/>
IV	Section D: Educational Record	<input type="checkbox"/>

DO's

- Submit the Application form in the office of your Department.
- Place documents in right order as per above sections (1 to 10)
- Put all amounts in Pak Rs.
- Do consult with parent(s)/guardian(s) for financial data accuracy & reliability
- For the information not present/relevant write in capital letters N/A

DO NOT:

- Provide False/vague/ incomplete information.
- Overwrite/ scratch on the form. Send scholarship application form directly to HEC

Result.pk



Name of the University: _____

Degree Title / Program: _____

1 Applicant's Name: _____ Gender: Male Female

2 Applicant NADRA NIC No.

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3 Marital Status Single Married Divorced

4 Age : _____ Domicile _____

5 Present Address _____

6 Permanent Address: _____

7 Are you currently working : Yes No

8. If answer is Yes to Section No. 8 complete the sections

Designation: _____ Name of Employer /Company: _____

9. Total Monthly Applicant Gross Income in Pak Rs. _____

10. Total Monthly Applicant Take Home Income* in Pak Rs. _____

* Take Home Income: Salary / Pay available after deduction of taxes, provident fund charges etc.

11. Tel (Res.): _____ Mobile: _____ Email: _____

12. Total Family Members currently living with you: _____

S #	Name of Family Member (s)	Relationship	Marital Status	Remarks**
1				
2				
3				
4				
5				
6				

13. Details of Family Members Earning (Take extra sheet if required):

S #	Family Member Name	Relationship	Family Member occupation	Organization Name	Designation	Monthly Gross Pay/Earning	Remarks	
1								
2								
3								
4								
14	Total Monthly Family Income (add self income, if applicable) Pak Rupees							



15. Brothers/Sisters/Children/Family Members studying

S #	Name	Relation with applicant	Name & Address of Institute	Fee per month
1				
2				
3				
4				
5				
6				
15A	Total Fees & Tuition Charges			

16. Father's Name: _____ Computerized N.I.C. No _____

17. Status: Alive Deceased

18. Professional status: Employed Retired Business Owner

19. Name of Company/Employer: _____

20. Tel (Off): _____ Mobile: _____

21. Occupation Type: _____ NTN _____

22. Designation & Grade (BPS/ SPS/PTC etc): _____ Gross Monthly Income: _____

23. Total Net Monthly Take Home Income (Salary/ Pension/ Others): _____

24. Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian):

25. Name: _____ Relationship: _____

26. Occupation and Designation _____

27. Monthly Financial Support Available to Applicant in Pak Rs. _____

28. Asset Income (on monthly basis)

S #	Income Source	Father	Mother	Spouse	Self	Other	Total
1	Property Rent						
2	Land Lease						
3	Bank Deposits*						
4	Shares / Securities*						
5	Other (Specify)						
28A	Total						



Total Family Monthly Income

S #	Family Member Name	Relationship	Monthly Income from Assets	Monthly Gross Pay/Earning	Monthly Net (Take home)
1					
2					
3					
4					
5	Applicant Monthly Gross Pay/Earning				
6	Applicant Monthly Net (Take home) Pay				
29-A	Total Monthly Income in Pak Rupees				
29-B	Total Annual Income in Pak Rupees				

FAMILY EXPENDITURES

30A. Accommodation Expenditures

Type: Bungalow Apartment /Flat Town House Village House
 Status: Rented Self or Family owned Employer / Govt Owned
 Rent Payment: Self Employer/Govt Others

House Plot Size in Sq. ft. _____ Covered Area in Sq. ft. _____

S #	Accommodation Location /Address	Number Of Bed Rooms	Number Of Air conditioners	Accommodation Monthly Rent	Accommodation Annual Rent
		1-2 <input type="checkbox"/>	1-2 <input type="checkbox"/>		
		2-4 <input type="checkbox"/>	2-4 <input type="checkbox"/>		
		4-6 <input type="checkbox"/>	4-6 <input type="checkbox"/>		
		Above 6 <input type="checkbox"/>	Above 6 <input type="checkbox"/>		
30B	Total Accommodation Rental Expenditure				

Any other house/flat owned by the Parents/Guardian (if yes please specify with location and size) _____



31. Utilities Expenditures

Last Month Utilities Paid			
Telephone	Electricity	Gas	Water

32. Medical Expenditures: Average of last six months (Per Month Expenditure)_____

Total Family Expenditures

S #	Education Expenditure	Accommodation Expenditure	Utilities Expenditure	Medical Expenditure	Misc. Expenditure	Total Monthly Expenditure	Total Annual Expenditure
33							

S #	Description	Amounts in Pak Rupees
(Sec.29A)	Total Monthly Income	
(Sec. 33)	Total Monthly Expenditure	
34 (29.A – 33A)	Net Monthly Disposable Income*	

S #	Description	Amounts in Pak Rupees
(Sec.29B)	Total Annual Income	
(Sec. 33)	Total Annual Expenditure	
35 (29.B – 33.B)	Net Annual Disposable Income*	

* If the monthly / Annual Disposable Income is negative, kindly explain the reasons for the gap, and the arrangements through which the differential gap is met by the family

Assets (with current market value)

36. Does the family own any Transport? Yes No

If yes kindly fill the relevant details

S #	Transport Type (Car/ Motor cycle/ Others*)	Make /Model	Engine Capacity (CC)	Registration No.	Ownership Period
1					
2					

* Others: include tractor, rickshaw, bi-cycle, motorcycle rickshaw, carriage pick, truck etc.



37. Number of Cattle(s) (with kind)

38. Area and location of Land(s)/Plot(s) owned

Assets Title	Qty	Size	Location (Address)	Cultivable Area	Agricultural Yield per Acre
Residential					
Commercial					
Agricultural					
Employer/Govt Scheme					

39. Assets worth (Current Market Value in Pak. Rs.)

S #	Assets Title	Father	Mother	Spouse	Self	Guardian	Total
1	House						
2	Business						
3	Land & Building						
4	Bank Balance						
5	Stocks/Prize bond						
6	Others/ Cattle(s)						
40.	Total						

41. Loan taken for Applicant Education

* Family/ Friend Loan

(Specify details of loan taken and relationship with the relative / friend)

42. Any source of financing other than loan (Please specify) _____

43. How were the admission /first semester charges paid?

44. Applicants educational record:

Level of Study	Name and Location of Institute	Per Month Fee	To- From month/ yr.	Division/ GPA/	%age / CGPA
Bachelors					
Intermediate					
Secondary					



45. Per month fee/ tuition charges of the institution last attended _____

46. Have you ever got any other Scholarships: Yes _____ No _____

(If yes fill the details of scholarships & attach documentary proof of the scholarships)

S #	Name of Institute	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class / Level at which Scholarship was granted
1					
2					

Statement of Purpose (Explain your suitability for this scholarship) - attach separate sheet if required

UNDERTAKING

- The information given in this application are true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. If any information given in this application is found incorrect or false after grant of financial assistance, the institute will stop further assistance and the student will have to refund all payment received and or penalty equal to total scholarship amount.
- HEC reserves the right to use information given in this form for verification and other purposes.

Date: Parents / Guardian Signature _____ Applicant Signature: _____

For Official use only

Are the applicant documents in order? Yes No

Application Case Review Dates (i) _____ (ii) _____

Additional Remarks

Date Department Name Signature Head of Department / Focal Person