



KING EDWARD MEDICAL UNIVERSITY, LAHORE

KEMU NEED BASED SCHOLARSHIP FORMS

PASSPORT
Picturure

Please fill using capital letters. Leave a Blank space after every word. One passport size photograph is to be pasted with Gum at specific place.

Applicant's Name				
Father Name				
Present Class				
Roll No.				
Father occupation / Designation				
Gross Monthly Income				
Take home Net Salary Father				
Total Monthly Expenditure				
Applicant CNIC No.				
Applicant Contact No				
Total Fee & Tuition charges				
Permanent Addresss				
Student Conatct No				
Pupose of scholarship /	Please use extra sheet (Statement of purpose)			
S.#	Name of Family member (s)	Relationship	Marital Status	Remarks
1.				
2.				
3.				
4.				
5.				
6.				

Detailed of Family members earning (Take extra sheet if required)

S.#	Family Mamber name	Relathship	Family member occupation	Deptt.Name	Designation	Monthly Gross /Pay Earning	Remrks
1.							
2.							
3.							
4.							
5.	Total Monthly Family income Pak Rupees						

6. BROTHERS/ SISTERS/ CHILDREN / FAMILY MEMBERS STUDYING

Level of study	Name and locaiton of Insitutue	Per month fee	Division /GPA	% age/ CGPA
Bachelors				
Intermediate				
Secodnary				

S.#	Name	Relation with applicant	Name & Address of instituti	Fee per month

7. FATHER STATUS

S.#	Alive	Deceased	Computer CNIC #
1.			

8. Any Other Supporting person (Mohter/ Guardian/ Brother/ Sisiter /Family Relative / Guardian
Name _____ Relationship _____

9. Accommodation Expenditures Staus

Rented	
Self or Family own	
Monthly Rent Amount	Pak Rs.

10. Utilities Expenditruers

Last month utitlies paid			
Telephone	Electricty	Gas	Water

11. Have You ever got any other scholarship yes _____ No _____ Or Applied For _____
(If yeas fill the details of scholarship & attach doucmentary proff of the scholarship)

S.#	Name of Institute	Scholarship Name	Total scholarship Amount	Total Scholarship Perid	Class Level at which scholarship granted
1.					
2.					

AFFIDAVIT
(TO BE FILLED IN BY THE CANDIDATE)

I _____

S/o D/o _____

Class _____ Roll No. _____

Holding NIC #. _____

Residen of House No. _____ Strett / Mohalah _____

Complete Address _____

1. I solmnely declare that I am not an awardee of any other Government / any other scholarship for my studies.
2. I will abide by the rules & regulations governing this award.
3. I accept that the authority will have the right to sue me in the court of law on account of furnishing any wrong information to benefit myself, or violation of any rule for award of this scholarship.

Date _____

Signature of the candidate

Name _____

Father/ Guardian Signature
