



Student Financial Aid Office
Shaheed Benazir Bhutto University, Shaheed Benazirabad
Knowledge - Commitment – Leadership

NEED-CUM-MERIT SCHOLARSHIP PROGRAM

Name of University: _____

Degree Title / Program: _____ Year _____ Semester _____

01. Applicant's Name: _____ Gender: Male Female

02. Applicant NADRA
NIC No.

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03. Marital Status: Single Married Divorced

04. Age: _____ Domicile: _____

05. Present Address: _____

06. Permanent Address: _____

07. Are you currently working: Yes No

Note: if answer is Yes to Section No. 7 complete the section (8-10)

08. Designation: _____ Name of Employer / Company: _____

09. 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 (attached extra sheet if required):

S#	Family Member Name	Relationship	Family Member Occupation (specify)	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 o& Address Of Institute	Fees per year
1				
2				
3				
4				
5				
6				
15A	Total Fees & Tuition Charges			

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

17. Status: Alive Deceased

18. Professional Status: Employed Retired Business Owner

19. Name of Company / Employer: _____

20. TEI (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						

29. Total Family Monthly Income

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

30. Family Expenditures:

30-A. Accommodation Expenditures:

Type: Bungalow Apartment / Flat Town Village
Status: Rented Family Owned Employer / Govt Owned

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

S#	Accommodation Location / Address	Number of Bed Rooms	Number of Air Conditions	Accommodatio Monthly Rent	Accommodation Annual Rent
		1-2	1-2		
		2-4	2-4		
		4-6	3-4		
		Above 6	Above 6		
30 B	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

(Bills attached)

32. Applicants Educational Record:

Level of Study	Name of Location Of Institute	Academic Performance Year wise %	To – From Month – Year	Division / GPA / Grad	% age / CGPA
Bachelors (undergraduate)					
Intermediate					
Matriculation					

33. Have you ever got any other Scholarship: Yes: _____ No. _____

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

Statement of Purpose: (Explain your suitability for this Scholarship) attach separate sheet if required.

Declaration: I hereby declare that the details furnished above are true and correct to be best of my knowledge and belief. In case of any of the above information is found to be false / misleading I may be held liable for any disciplinary action by the University Authorities.

Note: All relevant documents (attested) photo copies must be attached for verification.

Signature: _____

(Students Signature)

Signature: _____

(Chairman concerned department with seal / stamp)