



ABDUL WALI KHAN UNIVERSITY MARDAN
Directorate of Financial Aid & Development

Tel: +92-937-920874, E-mail: directorfadev@awkum.edu.pk

No. AWKUM/FAD/2025/ 12376

Dated: 15-April-2025

NOTIFICATION

It is notified for information of all concerned that Government of Khyber Pakhtunkhwa District Zakat Office, Mardan has announced the Scholarship (Educational Stipend) for BS or equivalent, MS (18 years) and PhD. The last date to apply and submission of prescribed form to the Directorate of Admissions & Financial Aid (Scholarship Section), Abdul Wali Khan University Mardan is **30th April 2025.**


15/4/25
DEPUTY DIRECTOR
ADMISSIONS & FINANCIAL AID

Copy for information to:

1. PS to Vice Chancellor
2. Treasurer
3. All HOD's
4. Web Administrator *with request to upload on University Website*
5. Office File

SCHEDULE-III
(see regulation 13)

SCHOLARSHIP FORM
EDUCATIONAL STIPENDS (GENERAL)

PART-I
(APPLICANT'S PARTICULARS)

1. Name:
2. Father's Name:
3. Guardian's Name (in case the father is deceased and the student is minor:
4. Date of Birth:
5. Class/Program:
6. CNIC No/Form-B.:
7. Educational Institution:
8. Whether the applicant received scholarship out of Zakat funds during the last year: Yes/No
9. Whether the applicant is currently in receipt of scholarship from a Government department or any other source: Yes/No
10. Address (Permanent or Temporary):
11. Father/Guardian's occupation:
12. Father/Guardian's monthly income:
13. No. of siblings in the family: (a) Brothers: (b) Sisters:
14. Position or percentage of marks attained in the last examination:

PART-II
(Particulars of applicant's family members who are students)

S.N	Name	Class/Program	Name of Institution	Whether he/she is in receipt of scholarship out of Zakat funds
1				
2				
3				
4				
5				
6				

PART-III
(Particulars of applicant's siblings who are employed)

S.N	Name	Age	Professional/ Nature of Job/Designation	Job Address (in case of service, name of Department)	Date of Employment	Monthly Income
1						
2						
3						
4						
5						
6						

Dated: _____

Signature / Thumb Impression of Applicant

PART-IV
(TO BE FILLED IN BY THE LOCAL ZAKAT COMMITTEE CONCERNED)

It is certified that Mr./Mrs. _____ S/D/O _____
resident of _____

is poor and eligible for Educational Scholarship (General).

She/he has been registered at Serial No. _____ of this Local Committee's record.

Signature with Stamp
Chairman Local Committee

PART-V
(TO BE FILLED BY THE SCHOLARSHIP COMMITTEE CONCERNED)

It is certified that the Scholarship Committee _____ in its _____ meeting held on _____ recommended Mr./Mrs. _____ S/D/O _____ for scholarship under Educational Scholarship (General) for the year _____.

Signature with Stamp
Chairman Scholarship Committee

PART-VI
(TO BE FILLED BY THE DISTRICT COMMITTEE CONCERNED)

It is certified that the District Committee _____ in its _____ meeting held on _____ approved Educational Scholarship (General) amounting to _____ in respect of the applicant in question for the year _____.

Signature with Stamp
District Zakat Officer