

STUDENTS SCHOLARSHIP APPLICATION FORM

Date of Receipt:

Form No:_____

5. 6.

BASIC INFORMATION: (In BLOCK LETTERS Only)												
Student	Name:						Paste your Latest					
Father's		Passport Size										
		Photograph (Do										
Mother's		not Staple)										
N.I.C/ B-form No Religion:												
Please provide any other information regarding your parent's health & marital status (disabled/married/divorced etc.)												
CONTACT INFORMATION.												
CONTACT INFORMATION:												
Address:												
City: District: Mobile No.:												
Email Address:												
	Y DETAILS:											
Father N	Father Name:				Mother Name:							
N.I.C:				N.I.C:								
Education:				Education:								
Professio			Profession:									
S. No.	Monthly Salary:				Monthly Salary: e/DOB Class Name of School/University							
1.	Name of Sibilings	Name of Siblings		Age/DOB		Name of School/University						
2.												
3.												
4.												
5.												
6.												
APPLIC	ANT'S EDUCATIONAL DET	TAILS:										
S.No.	Name of Institute	II.	Certificate/ Degree		Percentage	Division/ Grade/GPA	Board					
1.		<u> </u>	egice			Grauc/GrA						
2.												
3.												

PROGRAM/DEGREE SEEKING ADMISSION:												
Name of School/College/University:												
Class/Program:Duration:Current Year in School/College:												
Address of School/College/University:												
City:State/District:Contact No:												
Email Id:Website:												
Fees Information:												
Particula		ulars of Fees	Amount (PKR)		Amount (GBP)							
Tuition Fees												
		У										
	Transport Fees											
	Total Fees											
ADDITIONAL SCHOLARSHIP INFORMATION:												
Have y	ou ever received support	from other organization	ns or gover	nment? Yes/N	No	I	f yes,					
Oı	rganisation Name	Purpose of Scholarsh	nip/Grant	Amount Re	eceived	Year in which am	ount received					
Docum	nent Required: Please no	ote that this form will n	ot be consid	lered unless a	ccompar	nied by the scans/co	pies of the					
followi	ing documents. ($\sqrt{\text{Tick n}}$	narks the attachments	s).		-		-					
S.No.		Student Check List										
1.		Attested copies of past three annual examination mark sheet/result copies for school level and/or college level.										
2.	Proof of address/Nation	roof of address/National ID Card & License agreement/Rent receipt/Bill etc.										
3.	Latest Electricity bill.											
	Divorce certificate/Div	orce deed in case of div	orcee.									
4.	Death certificate of hus	ath certificate of husband in case of widow is compulsory.										
		dical certificate for medically ill.										
	Proof of Income - Salar											
5.	Slip regarding the famil	y income (Compulsory	-applicable	according to	their nat	ure						
	of work). Copies of certificates of	facademic co-curricula	ar & extraci	ırricular activ	ities wh	ere						
6.	Copies of certificates of academic, co-curricular & extracurricular activities where applicable.											
FOR C	OFFICE USE ONLY:											
Evalua	ntion:											
Name of	of Evaluator:			Date of	of Intervi	ew:						
	gs:											
	ɔ-·											
Recommendation:												
Signature: Date:												
Preside	ent's Approval:											
Comments:												
Signature: Date:												