



Need Based Scholarship Form

Date _____

Serial # _____

INSTRUCTIONS FOR FILLING THE FINANCIAL ASSISTANCE APPLICATION FORM:

- Read the application form carefully before filling.
- Fill in the form using black ball point pen and write in capital letters
- Submit duly completed application form to the (Financial Support Program Committee) office or the 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
- 20 % tuition fee off for out station students
- Check your application for spellings, grammatical errors and factual oversight
- 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"

1 Copies of computerized CNIC of

Tick the relevant

Father	<input type="checkbox"/>
Mother	<input type="checkbox"/>
Guardian	<input type="checkbox"/>

2 Salary/Income Certificate of

Father	<input type="checkbox"/>
Mother	<input type="checkbox"/>
Guardian	<input type="checkbox"/>

3 Copies of last three (03) month utility bills

Electricity	<input type="checkbox"/>
Gas	<input type="checkbox"/>
Telephone	<input type="checkbox"/>
Water	<input type="checkbox"/>

4 Attested copy of rent agreement (if applicable)

Student Name: _____

Father/Guardian Name: _____

Father/Guardian CNIC No: _____

Program Title : _____

Timings

Morning Evening Weekend

Marital Status

Single Married

Applicant CNIC No: _____

Age : _____ Place of Birth _____

Are you currently working : Yes No

If answer is Yes

Designation: _____ Name of Employer /Company: _____

Previous Employer/Company Name (if applicable): _____

Total Monthly Applicant Gross Income in Pak Rs. _____

Tel (Res.): _____ Mobile: _____

Email: _____

Brothers/Sisters/Children/Family Members studying _____

Details of Siblings Studying

S # Name Relation with applicant Name & Address of Institute Fee per

Sr. No	Name	Relatino with applicant	Name & Address Institute	Fee per Month

Remarks From Admission Office

Name/Signature _____

Remarks From Director Admission

Director Admissions _____