Scholarship Application Form

Name of the University: _____

Degree Title / Program: _____

1. **Applicant's Name:** _____ Gender: Male ☐ Female ☐

2. Applicant CNIC No. ⬚⬚⬚⬚⬚ - ⬚⬚⬚⬚⬚⬚⬚ - ⬚⬚

3. Marital Status   Single ☐   Married ☐   Divorced ☐

4. Age : _____   Domicile _____

5. Present Address _____

6. Permanent Address: _____

7. Telephone _____ Mobile: _____ Email: _____

8. Total Family Members currently living with you: _____

9. . Details of Family Members Earning *(Take extra sheet if required)*:

S #	Family Member Name	Relationship	Family Member occupation (Specify)	Organization Name	Designation	Monthly Gross Pay/Earning	Mobile NO
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
14	Total Monthly Family Income (add Self Income, if applicable) Pak Rupees						

10. Brothers/Sisters/Children/Family Members studying _____

S #	Name	Relation with applicant	Name &Address of Institute	Fee per month
1				
2				
3				
4				
5				
6				
	Total Fees & Tuition Charges			

11. **Applicant Father's Name:** _____

12. Computerized N.I.C. No _____

13. Father Mobile No Registered-on Father NIC _____

14. Status: Alive   ☐   ☐   Deceased

15. Professional status: Employed ☐ Retired ☐   Business Owner ☐

16. Name of Company/Employer: _____20. Tel (Off): _____   Mobile: _____

17. Occupation Type: _____ NTN_____

18. Designation & Grade (BPS/ SPS/PTC etc): _____ Gross Monthly Income: _____

19. Total Net Monthly Take Home Income (Salary/ Pension/ Others): _____

20. Name: _____Relationship: _____

21. Occupation and Designation _____

22. Monthly Financial Support Available to Applicant in Pak Rs. _____

23. **Applicants educational record:**

Level of Study	Name and Location of Institute	Per Month Fee	To- From month/ yr.	Division/ GPA/	%age / CGPA
Bachelors					
Intermediate					
Secondary					

24. **Per month fee/ tuition charges of the institution last attended**_____

25. **Have you ever got any other Scholarships: Yes _____ No _____**

UNDERTAKING

1. The information given in this application are true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. If any information given in this application is found incorrect or false after grant of financial assistance, the institute will stop further assistance and the student will have to refund all payment received and or penalty equal to total scholarship amount.

2. HED reserves the right to use information given in this form for verification and other purposes.

Date: Parents / Guardian Signature _____   Applicant Signature: _____

For Official use only

Are the applicant documents in order? ☐ Yes   ☐ No

Application Case Review Dates (i) _____(ii) _____
Poverty Score Card as per BISP /NSER of the Applicant / Household _____
Remarks:
_____   _____   _____
Date   Department Name   Signature Head of Department / Focal Person