

	ı:- Fresh 🔃	Renewal _									
Nam	e of the Unive	ersity:									
Degr	ee Title / Prog	gram:									
1. <b>A</b>	pplicant's Na	me:						Gender: 1	Male [	Fe	emale
2. A	pplicant NAD	RA 🗀				-					-
C	NIC No.										
3. M	arital Status	Sing	gle	M	Iarrie	d	Divo	orced _			
4. A	ge :		Dor	nicile:							
5. Pı	esent Address	·									
	ermanent Add										
	•	ly working: Y				-					
		Yes to Section		•		·					
	_						_	-			
	·	Applicant Gros									
10. To	otal Monthly A	Applicant Take	Ho	me Income	* in ]	Pak Rs					
		ne: Salary / Pay				•			-		
11. Te	el (Res.):		M	lobile:			Ema	il:			
10 T	4-1 E II- M										
12.10	otai Family Me	embers curren	tly li	ving with	you:						
		embers curren				Marital St				arks**	
S #											
S #											
S #  1 2											
S #  1  2  3											
S # 1 2 3 4											
S #  1 2 3 4 5 6	Name of Far		(s)	Relations	hip	Marital St	atus				
S #  1  2  3  4  5  6  13. D	Name of Far	nily Member (	arni	Relations	hip	Marital St	atus requi	red):	Rema		
S #  1  2  3  4  5  6  13. D	Name of Far	nily Member (	arni	Relations  ng (attache amily Memberoccupation	hip	Marital St	atus requi		Rema	And the second of the second o	Remarks
S # 1 2 3 4 5 6 13. D S #	Name of Far	nily Member (	arni	Relations  ng (attache	hip	Marital St	atus requi	red):	Rema	arks**  Monthly	Remarks
S # 1 2 3 4 5 6 13. D S #	Name of Far	nily Member (	arni	Relations  ng (attache amily Memberoccupation	hip	Marital St	atus requi	red):	Rema	And the second of the second o	Remarks
S #  1 2 3 4 5 6 13. D S #	Name of Far	nily Member (	arni	Relations  ng (attache amily Memberoccupation	hip	Marital St	atus requi	red):	Rema	And the second of the second o	Remarks
S #  1  2  3  4  5  6  13. D  S #	Name of Far	nily Member (	arni	Relations  ng (attache amily Memberoccupation	hip	Marital St	atus requi	red):	Rema	And the second of the second o	Remarks



28A Total

15. Br	others/Sisters/C	Children/Fami	ily Membe	ers studying				
S#	Name	Relation with applicant	Name & Address of Institute				Fees po	er year
1								
2								
3								
4								
5								
6								
15A	Total Fees & T	uition Charge	es					
18. Pr 19. Na 20. Te 21. Oc 22. De	atus: Alive cofessional status ame of Companel (Off): ccupation Type:	s: Employed y/Employer:	PS/PTC et	ired Mobi	ile: TN Gross M	Ionthly In	come:	
	otal Net Monthly							
	y Other Suppor					<u> </u>		
	ame:				-			
	ecupation and D	•						
27. Monthly Financial Support Available to Applicant in Pak Rs								
S#	Income S		Father	Mother	Spouse	Self	Other	Total
1	Property Ren	t			-			
2	Land Lease							
3	Bank Deposit	cs*						
4	Shares / Secu	rities*						
5	Other (Specif	·y)						



## 29. Total Family Monthly Income

<b>2</b> /•	Total Family Monthly	THEOHIC					
			Monthly Income	Monthly Gross	Monthly Net		
S #	Family Member Name	Relationship	from Assets	Pay/Earning	(Take home)		
					Pay/Earning		
1							
2							
3							
4							
5	Applicant Monthly Gross	Pay/Earning					
6	Applicant Monthly Net (T	Cake home) Pay					
29-A	Total Monthly Incom	e in Pak Rupees					
29-B	Total Annual Income	in Pak Rupees					
30.FAMILY EXPENDITURES							
30-A.Accommodation Expenditures							
Type: Bungalow Apartment / Flat Town House Village House							

•	
Type: Bungalow Apartment / Flat	Town House Village House
Status: Rented Family owned	Employer / Govt Owned
House Plot Size in Sq. ft(	Covered Area in Sq. ft

S # Location /Address	Bed Rooms	Air conditioners	Monthly Rent	Accommodation Annual Rent
30B Total Accommodation R	1-2	1-2		

Any other house/flat owned by the Parents/Guardian (if yes please specify with location and size)



31.	<b>Utilities</b>	Expenditure	S
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Last Month Utilities Paid						
Telephone	Electricity	Gas	Water			
_						
(Bills attached)						

32. Applicants educational record:

Level of Study	Name and Location of Institute	Academic Performance Year Wise %		Performance		To- From month/ yr.	Division/ GPA/ Grade	%age / CGPA
Bachelors (under graduate)								
Intermediate								
Matriculation								

33. Have you ever got any other Scholarships: Yes	No
(If was fill the details of scholarshing & ettach decorn	antawy near fof the sahalanshins)

(If yes fill the details of scholarships & attach documentary proof of the scholarships)

Sr. No.	Name of Institute	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class / Level at which Scholarship was granted
1					
2					

Statement of Purpose (Explain your suitability for this scholarship) - attach separate sheet if required

Deceleration: I hereby declare that the details furnished above are true and correct to the 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:	
(Student Signature)	
Signature :	
(Chairman concerned department wit	h seal/stamp)