# Name of the University: Degree Title / Program:

1. **Applicant’s Name:** Gender: Male Female
2. Applicant NADRA NIC No.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | - |  |  |  |  |  |  |  | - |  |  |

1. Marital Status Single Married Divorced
2. Age : Domicile
3. Present Address
4. Permanent Address:
5. Are you currently working: Yes No
6. If answer is Yes to Section No. 8 complete the sections (9-13)

Designation: Name of Employer /Company:

1. Total Monthly Applicant Gross Income in Pak Rs.
2. Total Monthly Applicant Take Home Income\* in Pak Rs.

\* Take Home Income: Salary / Pay available after deduction of taxes, provident fund charges etc.

1. Tel (Res.): Mobile: Email:
2. Total Family Members currently living with you:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S # | Name of Family Member (s) | Relationship | Marital Status | Remarks\*\* |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S # | Family Member Name | Relationship | Family Memberoccupation (Specify) | Organization Name | Designation | MonthlyGross Pay/Earning | Remarks |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| **14** | Total Monthly Family Income (add Self Income, if applicable) Pak Rupees |  |  |

1. Brothers/Sisters/Children/Family Members studying

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S # | Name | Relation withapplicant | Name & Address of Institute | Fee per month |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| **15A** | Total Fees & Tuition Charges |  |

1. **Father’s Name:** Computerized N.I.C. No
2. Status: Alive Deceased
3. Professional status: Employed Retired Business Owner
4. Name of Company/Employer:
5. Tel (Off):

Mobile:

1. Occupation Type: NTN
2. Designation & Grade (BPS/ SPS/PTC etc): Gross Monthly Income:
3. Total Net Monthly Take Home Income (Salary/ Pension/ Others):
4. Name: Relationship:
5. Occupation and Designation
6. Monthly Financial Support Available to Applicant in Pak Rs.
7. **Asset Income** (on monthly basis)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S #** | **Income Source** | **Father** | **Mother** | **Spouse** | **Self** | **Other** | **Total** |
| 1 | Property Rent |  |  |  |  |  |  |
| 2 | Land Lease |  |  |  |  |  |  |
| 3 | Bank Deposits\* |  |  |  |  |  |  |
| 4 | Shares / Securities\* |  |  |  |  |  |  |
| 5 | Other (Specify) |  |  |  |  |  |  |
| **28A** | Total |  |  |  |  |  |  |

# Total Family Monthly Income

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S # | Family Member Name | Relationship | Monthly Income from Assets | Monthly Gross Pay/Earning | Monthly Net(Take home) Pay/Earning |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 | Applicant Monthly Gross Pay/Earning |  |  |  |
| 6 | Applicant Monthly Net (Take home) Pay |  |  |  |
| **29-A****29-B** | Total Monthly Income in Pak Rupees |  |  |  |
| Total Annual Income in Pak Rupees |  |  |  |

1. **FAMILY EXPENDITURES**

**30A. Accommodation Expenditures**

**Type:** Bungalow Apartment /Flat Town House Village House **Status:** Rented Self or Family owned Employer / Govt Owned **Rent Payment:** Self Employer/Govt Others

House Plot Size in Sq. ft. Covered Area in Sq. ft.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S # |  |  |  |  | Number Of Airconditioners | Accommodation Monthly Rent | Accommodation Annual Rent |
| Accommodation Location /Address | Number Of Bed Rooms |
|  |  |  | 1-2 |  |  |  | 1-2 |  |  |  |  |
| 2-4 |  | 2-4 |  |
| 4-6 |  | 4-6 |  |
| Above 6 |  | Above 6 |  |
| **30B** | Total Accommodation Rental Expenditure |  |  |

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

# Utilities Expenditures

|  |
| --- |
| Last Month Utilities Paid |
| Telephone | Electricity | Gas | Water |
|  |  |  |  |

1. **Medical Expenditures:** Average of last six months (Per Month Expenditure)

# Total Family Expenditures

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S # | Education Expenditure | Accommodation Expenditure | Utilities Expenditure | Medical Expenditure | Misc.Expenditure | Total Monthly Expenditure | Total Annual Expenditure |
| **33** |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| S # | Description | Amounts in Pak Rupees |
| (Sec.29A) | Total Monthly Income |  |
| (Sec. 33) | Total Monthly Expenditure |  |
| **34****(29.A – 33A)** | Net Monthly Disposable Income\* |  |

|  |  |  |
| --- | --- | --- |
| S # | Description | Amounts in Pak Rupees |
| (Sec.29B) | Total Annual Income |  |
| (Sec. 33) | Total Annual Expenditure |  |
| **35****(29.B – 33.B)** | Net Annual Disposable Income\* |  |

\* If the monthly / Annual Disposable Income is negative, kindly explain the reasons for the gap, and the arrangements through which the differential gap is met by the family

# Assets (with current market value)

1. Does the family own any Transport? Yes No If yes kindly fill the relevant details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S # | Transport Type(Car/ Motor cycle/ Others\*) | Make/Model | Engine Capacity (CC) | Registration No. | Ownership Period |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

\* Others: include tractor, rickshaw, bi-cycle, motorcycle rickshaw, carriage pick, truck etc.

1. Number of Cattle(s) (with kind)
2. Area and location of Land(s)/Plot(s) owned

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Assets Title** | **Qty** | **Size** | **Location (Address)** | **Cultivable Area** | **Agricultural Yield per****Acre** |
| Residential |  |  |  |  |  |
| Commercial |  |  |  |  |  |
| Agricultural |  |  |  |  |  |
| Employer/Govt Scheme |  |  |  |  |  |

1. Assets worth (Current Market Value in Pak. Rs.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S #** | **Assets Title** | **Father** | **Mother** | **Spouse** | **Self** | **Guardian** | **Total** |
| 1 | House |  |  |  |  |  |  |
| 2 | Business |  |  |  |  |  |  |
| 3 | Land & Building |  |  |  |  |  |  |
| 4 | Bank Balance |  |  |  |  |  |  |
| 5 | Stocks/Prize bond |  |  |  |  |  |  |
| 6 | Others/ Cattle(s) |  |  |  |  |  |  |
| **40.** | Total |  |  |  |  |  |  |

# Loan taken for Applicant Education

\* Family/ Friend Loan

(Specify details of loan taken and relationship with the relative / friend)

1. Any source of financing other than loan (Please specify)
2. How were the admission /first semester charges paid?

# 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 |  |  |  |  |  |

1. **Per month fee/ tuition charges of the institution last attended**
2. **Have you ever got any other Scholarships: Yes No**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S #** | **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

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

Date: Parents / Guardian Signature

# For Official use only

Applicant Signature:

Are the applicant documents in order? Yes No

Application Case Review Dates (i) (ii)

Additional Remarks

Date

Department Name

Signature Head of Department / Focal Person